University Housing & Dining Services | Housing Petition

I am petitioning: To live off campus   To have my contract breakage fee waived   To request a meal plan variance

STUDENT ID # (XXX-XX-XXXX)	BIRTH DATE (MM-DD-YYYY)	PHONE (XXX-XXX-XXX)

LAST NAME	FIRST NAME	MI

CURRENT RESIDENCE HALL ASSIGNMENT (INCLUDE HALL & ROOM #) OR LOCAL ADDRESS	CITY	ST	ZIP

PERMANENT HOME ADDRESS	CITY	ST	ZIP

PROPOSED ADDRESS IF RELEASE GRANTED	CITY	ST	ZIP

MARK APPROPRIATE BOX

	Reason for Request	Additional Required Documentation
	I am at least 24 years old	N/A
	I am married and/or have a child	Copy of marriage certificate and/or birth certificate
	I have served at least one year active military duty	Copy of discharge information (DD214)
	I have lived on campus for at least 4 semesters **At WIU** ___Yes ___No	If no, proof of on-campus residency
	Medical or dietary	Medical Exemption Form
	I will live with my parent or legal guardian	Parent/Legal guardian statement & signature
	Other	Explanation & required documentation

I am requesting exemption for:

( )	FALL 20 _____
( )	SPRING 20 _____
( )	SUMMER 20 _____

Semester Hours

Hours Completed _____

Hours in Progress _____

Are you currently living or have you filled out a housing application to live in the residence halls?

Yes _____   No _____

Please state clearly your reason(s) for requesting exemption to or release from the Western Illinois University On-Campus Housing Policy. *(Attach separate page if necessary).*

_____
_____
_____
_____

My signature indicates the statements/documentation I have provided are true and accurate. I acknowledge that providing false information is a violation of the Student Conduct Code for which disciplinary action may result. In addition, falsification of this information can result in a non-compliance charge equal to my double room rate.

STUDENT SIGNATURE (DOCUMENTATION IF NO SIGNATURE)	DATE

PARENT/LEGAL GUARDIAN STATEMENT & SIGNATURE *(Only required for commuter students requesting to live with parent or legal guardian).*

_____
_____
_____
_____

PARENT OR LEGAL GUARDIAN SIGNATURE (DOCUMENTATION IF NO SIGNATURE)	DATE

Completed petitions and other required documentation should be submitted:
By mail to: Western Illinois University, University Housing & Dining Services, 1 University Circle, Seal Hall, Macomb, IL 61455
By Fax to: (309) 298-2122
By Email to: UHDS@wiu.edu

....**For office use only**..

#_____   AP___   DP___   PP___   (comp. FA   SP   SU   20____)   CUR___   HOME___   PROP___   ___C ___W ____NA | $