



# University Housing & Dining Services | Housing Petition

WESTERN ILLINOIS UNIVERSITY

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)
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LAST NAME	FIRST NAME	MI
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CURRENT RESIDENCE HALL ASSIGNMENT (INCLUDE HALL & ROOM #) OR LOCAL ADDRESS	CITY	ST	ZIP
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PERMANENT HOME ADDRESS	CITY	ST	ZIP
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PROPOSED ADDRESS IF RELEASE GRANTED	CITY	ST	ZIP
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**MARK APPROPRIATE BOX**

**I am requesting exemption for:**

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

( )	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).

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

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