

Return completed document to:

University Housing
345 N. Monmouth Ave.
Monmouth, OR 97361

Freshman Live-In Requirement Waiver Only

RA Initial _____ Date _____
AC Initial _____ Date _____

RESIDENTIAL CONTRACT PETITION
University Housing and Campus Dining -- Western Oregon University

Date Received: _____ **Time Received:** _____ **Staff Initials:** _____

A PETITION IS FILED WHEN AN EXCEPTION TO A CONTRACTUAL RULE IS REQUESTED. YOUR PETITION WILL BE ACTED UPON WITHIN 10 DAYS UPON RECEIPT. YOU WILL BE NOTIFIED OF THE DECISION BY MAIL OR PHONE (IF YOU CHECK OUT PRIOR TO A DECISION BEING MADE YOUR MAIL WILL BE FORWARDED TO YOUR PERMANENT ADDRESS LISTED BELOW). **PLEASE NOTE:** DISCIPLINARY ACTION MAY RESULT IF FALSE INFORMATION IS GIVEN ON THIS FORM.

Please Print clearly and Press Firmly - Multiple Copies

NAME: _____ Student ID #: _____
HALL: _____ ROOM: _____ Date of Birth: _____
RSC #: _____ Class: FR SO JR SR GRAD
PERMANENT ADDRESS: STREET: _____ High School Graduation Year: _____
CITY, STATE, ZIP: _____ Local Phone #: _____
E-MAIL ADDRESS: _____ Cell Phone #: _____

CHECK THE APPROPRIATE SELECTION BELOW:

____ (1) **FOR RELEASE FROM MY RESIDENTIAL CONTRACT, EFFECTIVE DATE:** _____

***** Please Note: Your meal card will no longer work once you have been released from your residential contract*****

I understand that by being allowed to be released from my residential contract, I agree to pay all room and board charges through date of check out (first 10 days minimum) and I agree to pay \$7.00/day cancellation fee for every day remaining in the school year. This is a result of breaking my academic year contract.

REASONS: _____

____ (2) **WAIVE FRESHMAN LIVE-IN REQUIREMENT**

Requests must meet one of the following criteria: to live at home with parents (within a commutable distance of 30 miles or less); due to marriage; to care for legal dependent. Exceptions to this policy must be thoroughly explained on an attached sheet of paper. **All petitions for this waiver must include a parent signature. While the academic year is in session, all residents petitioning this requirement must meet with their designated RA and AC prior to submitting the petition to the Office of University Housing.**

TO LIVE AT THIS ADDRESS: STREET: _____
CITY, STATE, ZIP: _____

During the following (include term(s) and year): _____

REASONS: (please explain the reasons involved in your request on a separate sheet of paper)

Parent Signature _____ **Date** _____

____ (3) **OTHER:** _____

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

YOUR PETITION WAS: APPROVED DENIED OTHER BY: _____ DATE: _____

- _____ CHARGE \$7.00/DAY
- _____ WAIVE \$7.00/DAY
- _____ CHARGE FIRST / LAST 10 DAYS R & B CHARGES
- _____ CHARGE THROUGH DATE OF CHECK-OUT (Room/Board charges apply)
- _____ CHECK REGISTRAR'S OFFICE FOR ENROLLMENT

REMARKS:

