



UMass

Dartmouth

OFFICE OF HOUSING AND RESIDENTIAL LIFE

APPEAL FORM

Name (print): _____ Stud ID: _____ Campus Phone: _____

Current E-mail: _____ Cell/Home Phone Number: _____

Current Housing Assigned Building: _____ Room _____ Class Year: _____

Home Street Address _____ Home City/State/Zip _____

Appeal For: Semester: _____ Year: _____	Administrative Billing Appeal For: <input type="checkbox"/> Damage (room/community) <input type="checkbox"/> Requested Housing (intersession) <input type="checkbox"/> Improper Check-Out <input type="checkbox"/> Key/Lock Replacement(room/mailbox)	Appealing: <input type="checkbox"/> Full Time Status	
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ADMINISTRATIVE BILLING APPEALS:

- will be reviewed by a committee appointed by the Housing Director and decided on a case by case basis
- must be accompanied by documentation supporting the appeal. Documentation examples:
 - Housing building & room assignment that is relevant to the appeal
 - Description of the specific amount being billed
 - Reason(s) why the amount should be reduced or removed from the student's bill. Examples of legitimate reasons: another person taking responsibility for the damage, pre-existing damage, damage caused by normal wear and tear

FULL-TIME STATUS APPEALS

- will be reviewed by the Director of Housing (or designee) and decided on a case by case basis
- must be accompanied by documentation supporting the appeal. Documentation examples:
 - A letter from a faculty member or other University Official explaining your need to remain on campus to further your academic pursuits (i.e. undergraduate research, thesis, internship, etc.)
 - A copy of your current student record documenting current status and indicating potential need or reason to be enrolled for less than full-time status
 - If Graduate Student, a copy of a completed "Enrollment Status Form"

I hereby state that the information I have provided in this form is accurate and honest to the best of my knowledge.

Student Signature _____ **Date:** _____

Administrative Use Only

Appeal Review Decision: Approve _____ Deny _____ Date: _____

Comments: