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 ________________________________

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 Billing Appeal For:
- □ Damage (room/community)
- □ Requested Housing (intersession)
- □ Improper Check-Out
- □ Key/Lock Replacement(room/mailbox)

Appealing:
- □ Full Time Status

Appeal For: ____________________________

Semester: ____________  Year: ____________

ADMINISTRATIVE BILLING APPEALS:

1. will be reviewed by a committee appointed by the Housing Director and decided on a case by case basis
2. 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

1. will be reviewed by the Director of Housing (or designee) and decided on a case by case basis
2. 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:____________________________________________

Appeal Review Decision:  Approve _______  Deny ________  Date: ___________________

Comments: ____________________________