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

CURRENT RESIDENCE HALL ASSIGNMENT (INCLUDE HALL & ROOM #) OR LOCAL ADDRESS CITY ST ZIP	UNIVER	SITY										
CITY ST ZIP PERMANENT HOME ADDRESS CITY ST ZIP MARK APPROPRIATE BOX Reason for Request Additional Required Documentation I sam requesting exemption for: () \$F4L2.0 () SPRING 2.0 () SUMBER 2.0 Semester House I have served at less one year active military duly I have serve	STUI	DENT ID # (XXX-XX-XXXX)	BIRTH DATE (MM-DD-YYYY)	PHONE (XXX-	XXX-XXX)							
PERMANENT HOME ADDRESS CITY ST ZIP MARK APPROPRIATE BOX I am requesting exemption for: Reason for Request I am at least 29 years od I there level on carryous for all load one year advermitlary duty I have level on carryous for all read semestines A WIU _ 'es_ ho A WIU _ 'es_ ho Medical or dieary I will like within y parent or logid quardian Perenth opal quardian statement & signature Other Differ I will like within y parent or logid quardian Perenth opal quardian statement & signature Perenth opal quardian statement & signature A WIU _ 'es_ ho I will like within y parent or logid quardian Perenth opal quardian statement & signature A will present or logid quardian Perenth opal quardian statement & signature A will present or logid quardian Perenth opal quardian statement & signature A will present or logid quardian Perenth opal quardian statement & signature A will present or logid quardian be with a residence hash? Yes _ No _ I will like within y parent or logid quardian Perenth opal quardian Conduct Code for which disciplinary action may result. In addition, fasilification of this information can result in a non-compliance charge qual to my double or own rate. STUDENT SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE PARENTILEGAL GUARDIAN STATEMENT & SIGNATURE (Only required for commuter students requesting to live with perent or legal guardian). PARENTILEGAL GUARDIAN SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE Completed pestions and other required documentation is could be submitted. Completed pestions and other required documentation is could be submitted. Completed pestions and other required documentation is could be submitted. Completed pestions and other required documentation is could be submitted. Completed pestions and other required documentation is could be submitted.	LAST NAME				FIRST NAME							
PROPOSED ADDRESS IF RELEASE GRANTED CITY ST ZP MARK APPROPRIATE BOX I am requesting exemption for: Reason for Request Additional Required Documentation I am at least 24 years and I am at least 24 years and I am at least 24 years and I have served at least one year acrobe military duty Copy of discharge information (ID0214) I have beed on compuse for at least 4 semesters ANU	CUR	RENT RESIDENCE HALL ASSIGNMENT (INCLUDE	E HALL & ROOM #) OR LOCAL A	ADDRESS	CITY				ST		ZIP	L
I am requesting exemption for: Reason for Request	PERMANENT HOME ADDRESS CITY ST ZIP											
Reason for Request Additional Required Documentation	PRO	POSED ADDRESS IF RELEASE GRANTED		СІТҮ				ST		ZIP		
I am at least 24 years old	MAR	K APPROPRIATE BOX					I am red	questing exen	nption	for:		
I am manied and/or have a child		Reason for Request	Additional Required Docum	mentation (FALL 20				
I have seved at least one year active military duty I have lived on campus for at least 4 semesters ArWilYes		I am at least 24 years old	N/A				() SPRING 20					
I have lived on campus for at least 4 semesters ALWU_Yes_No		I am married and/or have a child	Copy of marriage certificate and/or birth certificate				()	SUMMER 2				
I have lived on campus for at least 4 semesters If no, proof of on-campus residency AxWu_res_ho If no, proof of on-campus residency Hours in Progress Are you currently living or have you filled out a housing application to live in the residence halfs? Yes No		I have served at least one year active military duty	Copy of discharge information	Semester Hours								
Medical or dietary Medical Exemption Form Parent/Legal guardian Statement & signature Parent/Legal guardian statement & signature Explanation & required documentation The signature indicates the statements/documentation I have provided are true and accurate. I acknowledge that providing false information is a violation the Student Conduct Code for which disciplinary action may result. In addition, falsification of this information can result in a non-compliance charge qual to my double room rate. STUDENT SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE PARENT/LEGAL GUARDIAN STATEMENT & SIGNATURE (Conly required for commuter students requesting to live with parent or legal guardian). PARENT/LEGAL GUARDIAN SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE DATE Completed petitions and other required documentation should be submitted: by Paral to: Western Illinois University, University Housing & Dining Services, 1 University Circle, Seal Hall, Macomb, IL 61455 by Fax to: (3/39) 289-2122 prail to: Western Illinois University, University, University, Housing & Dining Services, 1 University Circle, Seal Hall, Macomb, IL 61455 prail to: Western Illinois University, University, University, Housing & Dining Services, 1 University Circle, Seal Hall, Macomb, IL 61455 prail to: Western Illinois University, University Housing & Dining Services, 1 University Circle, Seal Hall, Macomb, IL 61455 prail to: Western Illinois University, University Circle, Seal Hall, Macomb, IL 61455 prail to: Western Illinois University Housing & Dining Services, 1 University Circle, Seal Hall, Macomb, IL 61455 prail to: Western Illinois University, University Housing & Dining Services, 1 University Circle, Seal Hall, Macomb, IL 61455			If no, proof of on-campus residency									
Ivail live with my parent or legal guardian ParentLegal guardian statement & signature application to live in the residence halls? Yes No			Medical Exemption Form		Hours in Progress							
Please state clearly your reason(s) for requesting exemption to or release from the Western Illinois University On-Campus Housing Policy. (Attach separate page eccessary). Ty 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 qual 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 DOTOPICTED STATEMENT & SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE DOTOPICTED STATEMENT & SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE DOTOPICTED STATEMENT & SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE DOTOPICTED STATEMENT & SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE DOTOPICTED STATEMENT & SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE DOTOPICTED STATEMENT & SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE DOTOPICTED STATEMENT & SIGNATURE (DOCUMENTATION IF NO SIGNATURE) DATE DOTOPICTED STATEMENT & SIGNATURE (DOCUMENTATION IF NO SIGNATURE)		I will live with my parent or legal guardian	Parent/Legal guardian statem	nent & signature								
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AP___ DP___ PP___ (comp. FA SP SU 20___) CUR___ HOME___ PROP_