



WESTERN  
ILLINOIS  
UNIVERSITY

# 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

STUDENT ID # (XXX-XX-XXXX)

BIRTH DATE (MM-DD-YYYY)

PHONE (XXX-XXX-XXX)

LAST NAME

FIRST NAME

MI

CURRENT RESIDENCE HALL ASSIGNMENT (INCLUDE HALL & ROOM #) OR LOCAL ADDRESS

CITY

ST

ZIP

PERMANENT HOME ADDRESS

CITY

ST

ZIP

PROPOSED ADDRESS IF RELEASE GRANTED

CITY

ST

ZIP

## MARK APPROPRIATE BOX

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

## I am requesting exemption for:

( )	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).

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

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

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 \$