



University Housing & Dining Services | Housing Petition

WESTERN ILLINOIS UNIVERSITY

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

I am requesting exemption for:

| 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 |

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | FALL 20 ____ |
| <input type="checkbox"/> | SPRING 20 ____ |
| <input type="checkbox"/> | 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 | \$ |
|------|------|-------|----|