

PETITION FOR EXCEPTION or RELEASE FROM CONTRACT

This form must be filled out by the STUDENT.

PETITIONS MUST BE FILED WITHIN ONE YEAR OF CANCELLATION/CHECKOUT.

PRINT:

Last Name First Name 10-Digit Phone Number Dawg Tag Number

Room/Hall OR Building/Apartment Where You Live(d) On-Campus Date of Birth

Current Address. INCLUDE STREET, CITY, STATE, ZIP Email Address

PLEASE EXPLAIN WHAT YOU ARE PETITIONING AND WHY ON THE REVERSE SIDE OF THIS FORM.

PROVIDING A PETITION AND DOCUMENTATION DOES NOT GUARANTEE COMMITTEE APPROVAL.

REASON FOR YOUR PETITION (CHECK WHICH APPLIES TO YOU):

MEDICAL RELEASE. A medical condition which occurred after contracting that would prevent you from attending classes at SIU Carbondale. MUST PROVIDE A STATEMENT ON LETTERHEAD FROM A PHYSICIAN OR OTHER LICENSED MEDICAL PROFESSIONAL (who is not a relative):

- That you are under their active care as a patient and you have a medical condition requiring you to move home or live in a location other than a residence hall

FINANCIAL HARDSHIP RELEASE. MUST PROVIDE PROOF OF A SUBSTANTIAL CHANGE IN FINANCIAL STATUS AFTER CONTRACTING, SUCH AS:

- Custodial parent lost his/her job or had a dramatic decrease in income. MUST PROVIDE LETTER ON LETTERHEAD FROM EMPLOYER.
- Divorce, bankruptcy, death, accident or severe illness of custodial parent caused a significant hardship. MUST PROVIDE SUPPORTING DOCUMENTATION. IF BANKRUPTCY, PROVIDE PROOF OF INITIAL FILING.

NOTE: THE AMOUNT OF FINANCIAL AID YOU RECEIVE, IF ANY, WILL BE CONSIDERED WHEN REQUESTING A FINANCIAL HARDSHIP. A DECREASE OR LOSS OF YOUR FINANCIAL AID AWARD IS NOT CONSIDERED AN EXTENUATING CIRCUMSTANCE.

OTHER. MUST PROVIDE DETAILED EXPLANATION ON THE REVERSE SIDE OR ATTACHMENT, WITH SUPPORTING DOCUMENTATION.

EDUCATIONAL RELEASE to Student Teach or complete an Internship for SIU Carbondale credit. MUST PROVIDE LETTER FROM YOUR DEPARTMENT/ADVISOR.

CALLED TO ACTIVE MILITARY DUTY OR ENLISTMENT. MUST PROVIDE COPY OF OFFICIAL ORDERS.

Please provide an explanation on the reverse side of this form for any of the following:

Approved by/Date:

- EXCEPTION to the STUDENT HOUSING POLICY for first-year students under 21.
- EXCEPTION to be UNDERENROLLED (part-time student). Restricted to one semester.
- Move from a SINGLE ROOM to a DOUBLE ROOM.
- EXCEPTION to the 5-YEAR RESTRICTION for Graduate & Family Services
- EXCEPTION TO SPACE CHANGE CHARGES for Graduate & Family Services

Signature of Student Date: _____

PLEASE EXPLAIN **WHAT** YOU ARE PETITIONING AND **WHY**. INCLUDE SUPPORTING DOCUMENTATION.
ATTACH A LETTER IF MORE SPACE IS NEEDED.

IF YOU ARE A CURRENT RESIDENT, YOU MUST HAVE THE ASSISTANT DIRECTOR-RESIDENCE LIFE SIGNATURE (RES HALLS OR WALL & GRAND) OR THE COMPLEX DIRECTOR SIGNATURE (GRAD & FAMILY SERVICES) PRIOR TO SUBMITTING.
PLEASE MAKE AN APPOINTMENT WITH HIM/HER TO DISCUSS YOUR PETITION.

OFFICE USE ONLY

Signature of Assistant Director or Complex Director **Date:** _____

C/O Yes No Date _____ Charged \$ _____ Hours _____

Canc Yes No Date _____ Charged \$ _____ Class Status: FR SO JR SR GRAD

W/D Yes No Date _____ Registered: Yes No

Intent Yes No Date _____ GPA _____

2-Year Yes No

Date Contracted: _____ Notes: _____

Recommendations of Committee: Approved Denied Limited Approval More Information No Decision

Signature of Chair, Petitions Review Committee **Date:** _____

Return to:
University Housing
Student Services Building
Mail Code 6716
Southern Illinois University
1263 Lincoln Drive
Carbondale, IL 62901
Fax (618) 453-2090



Date Received at SSB: _____