

Please print or type.

Name: \_\_\_\_\_ Student ID: A \_\_\_\_\_

Residence Hall/Apartment: \_\_\_\_\_ Room/Apt.# \_\_\_\_\_ Phone: \_\_\_\_\_

Campus e-mail Address \_\_\_\_\_ Classification:  FR  SO  JR  SR  GRAD

Current Contract Period:  Academic Year (Aug.-May)  Spring Only (Jan.-May)

Please indicate which term(s) you are petitioning to be released from your Residence Hall License Agreement. Check all that apply.

Academic Year (Aug-May)  Spring Semester  Fall Semester

Please check all of the following reasons that apply to you:

**Extreme Medical Problems\*** (Medical Release documentation from health care professional required. Must be dated within two (2) weeks of contract release request.) I understand that this is only a request and needs to be approved in writing if I am to be financially released from my License Agreement.

**Change in Family Status\*** (marriage, child, etc, documentation required.)

**Change in Student Status** (i.e. not enrolling, transferring.)

**Academic Suspension**

**Educational (Internship, CO-OP, Student Teaching, Etc.)**

**Financial Release\***(documentation outlining current financial status and documentation of previous financial status required. You must demonstrate a significant change in financial status. This change must exceed the cost of housing and meal plan. If financial change is based upon changes in financial status of parents, documentation must be provided demonstrating that change.)

**Graduation**

\*Please note that decisions are based on the information provided by the student. It is the responsibility of the student to provide any documentation that supports their request to be released from their contract. Failure to provide appropriate, current supporting documentation prior to the review of the appeal may delay the decision making process or may result in the request being denied due to lack of information or documentation. A decision will be forwarded to the student within 10 (ten) business days of receipt of request.

Please provide any specific information: \_\_\_\_\_

Continue on extra sheet if needed.

If released, my intended off campus residence is: \_\_\_\_\_

*I verify that the above information is accurate and understand providing false information is grounds for immediate denial of my appeal and may result in disciplinary action. I also understand that this petition does not defer any payments that are due. If I am released from my housing contract, I forfeit my housing prepayment. Adjustments will be made to my account when and if my appeal is granted.*

I understand that this is only a request and needs to be approved in writing if I am to be financially released from my License Agreement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date scheduled for review: \_\_\_\_\_

Housing Contract Hearing Board Decision

Received by: \_\_\_\_\_  
Housing Staff Signature Date

- Granted
- Granted, with exception to enrollment status
- Granted, contingent upon not being enrolled at APSU
- Denied, failed to show enough cause
- Denied, failed to provide adequate documentation

Move out Date: \_\_\_\_\_

\_\_\_\_\_  
Appeal Board Chair Signature Date

## Housing/Residence Life and Dining Services

### Contract Release Appeal Form

#### Checklist

(Please check and supply documentation for all that apply)

- **Graduation/Non Enrollment**
  - Contract release is pending verification of student's non enrollment for the next semester
- **Withdrawal from the university**
  - Contract release is pending verification of student's withdrawal for the next semester
- **Medical Release (including pregnancy)**
  - Documentation regarding medical issue must be provided on official letterhead including a contact number for physician or doctor's office
  - Medical documentation must be dated within two (2) weeks of contract release request
- **Change in Family Status**
  - Marriage- Certificate of Matrimony must be provided
- **Change in Financial Status**
  - Proof of change including documentation of financial status prior to change and documentation of financial status after the change
  - Financial change must exceed the cost of housing and meal plan
  - Please list actual dollar amount difference here \$ \_\_\_\_\_
- **Internship/Co-Op**
  - Letter from department required
- **Student Teaching**
  - Documentation from academic department/Internship Supervisor
- **Other**
  - Documentation required

I verify that I have submitted all necessary documentation in support of my contract release request. Furthermore, I understand that I cannot come before the Contract Release Board until all documentation has been received.

**I understand that this is only a request and needs to be approved in writing if I am to be financially released from my License Agreement.**

Print Name: \_\_\_\_\_

Hall/Apartment: \_\_\_\_\_ Room #: \_\_\_\_\_

Student A Number: \_\_\_\_\_