

## EXCEPTION TO HOUSING AGREEMENT

**Exception to Policy Process:** There are circumstances that may prevent you from meeting the obligation of your Residence Life and Dining Agreement. You may appeal the agreement cancellation charges by completing this Exception to Policy Process form.

TODAY'S DATE \_\_\_\_\_

### 1 RESIDENT INFORMATION

MY HOUSING EXCEPTION APPLIES TO :  FAMILY, STAFF, OR GRADUATE HOUSING  SINGLE STUDENT HOUSING

NAME \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE NAME

STUDENT ID # \_\_\_\_\_ EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

CAMPUS ADDRESS \_\_\_\_\_

ROOM / APARTMENT NUMBER

BUILDING / HALL NAME

### 2 POLICY RESIDENT IS REQUESTING EXCEPTION FOR, PLEASE CHECK ONE (1)

- Forfeited Deposit  Other (additional space on back)
- Percentage of Housing Fees \_\_\_\_\_
- Late Fee (for rent) \_\_\_\_\_
- Moving within Family Housing \_\_\_\_\_

### 3 REASON FOR EXCEPTION, PLEASE CHECK ONE (1)

- Winter Graduation *(documentation of graduation)*  Other (additional space on back)
- Call to Active Military Service *(documentation of active duty)* \_\_\_\_\_
- Approved Medical Withdrawal *(documentation of medical withdrawal)* \_\_\_\_\_
- Academic Internship *(documentation of showing offer and dates)* \_\_\_\_\_
- Moving to Fire Service Housing *(documentation of firehouse living)* \_\_\_\_\_
- Spring Study Abroad *(Email from UAF -StudyAway@alaska.edu - Subject line "Study Away Approval" or "Query Watch Report: Approved Applications")* \_\_\_\_\_

### 4 PLEASE READ THE INFORMATION BELOW

By signing below I affirm that the information contained in or included with this request is true and accurate. I authorize anyone contacted by UAF in connection with this request to discuss my request and to release relevant documentation in their possession to UAF. Should my appeal be granted based on the information I provided and it is later found that I have intentionally misrepresented myself, I understand my original debt will be reinstated.

RESIDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**THIS FORM HAS TWO (2) SIDES AND YOU MUST COMPLETE BOTH SIDES OF THIS FORM!**

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**PLEASE READ & INITIAL EACH STATEMENT. IF THIS FORM IS INCOMPLETE, THE REQUEST WILL NOT BE CONSIDERED.**

I understand that a Request of Exception or refund will only be considered if I can demonstrate that unanticipated and unavoidable events beyond my control are responsible for my inability to comply with the published schedule and policies.

I understand that Residence Life has provided me with a copy of my housing agreement. It is my responsibility to follow the cancellation guidelines. It is not the responsibility of Residence Life Staff to remind residents of their contractual obligations.

I understand that students are required to provide supporting documentation with this request to substantiate reasons for being unable to meet published deadlines or adhere to current policies (physician's note, letters of support from instructors, etc.) Requests without documentation may not be considered.

I understand that only requests submitted by the student or a person with documented legal authority or proof of FERPA Release Form to act on behalf on the student will be considered.

I understand that the deadline to submit a request for Exception is no later than 30 days after the beginning of the next semester. Requests for a fall semester must be received no later than 30 days after the start of the spring semester and requests for a spring semester are due no later than 30 days after the start of the fall semester. Requests received after the deadline may not be considered by the committee.

I understand that work related issues, personal hardships, changing my mind about college, poor academic performance, disciplinary withdrawal, not receiving expected financial assistance, communication with student staff or failure to read UAF's published documents are considered to be the result of personal choices and actions and generally do not present justifiable reasons to support a Request for Exception.

I understand this form must be submitted in person or emailed to UAF-housing@alaska.edu or mailed to Request for Exception, 732 Yukon Drive, Fairbanks, AK 99775 or the form will not be processed. **No further recourse may be pursued through any other university appeal.**



**PLEASE PROVIDE DETAILED EXPLANATION OF YOUR REQUEST FOR AN EXCEPTION TO HOUSING POLICY**

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**OFFICE USE ONLY**

**APPROVAL:** \_\_\_\_\_ **FORFEIT DEPOSIT:**  YES  NO **PENALTY (%)**  0  10  25  50  75  100

**CIRCLE ONE: EMAIL // PHONE // WALK-IN** **ACCEPTED BY:** \_\_\_\_\_ **DATE ACCEPTED:** \_\_\_\_\_

**CHECK ALL THAT APPLY:**

<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> STAFF	<input type="checkbox"/> GRADUATION	_____
<input type="checkbox"/> FAMILY	<input type="checkbox"/> FINANCIAL	_____
<input type="checkbox"/> GRADUATE	<input type="checkbox"/> EXTENUATING CIRCUMSTANCES	_____

