

**Return completed document to:**

University Housing  
345 N. Monmouth Ave.  
Monmouth, OR 97361



**RESIDENTIAL CONTRACT PETITION - University Housing and Campus Dining - Western Oregon University**

**Date Received:** \_\_\_\_\_ **Time Received:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_

A petition is filed when an exception to a contractual rule is requested. Your petition will generally be acted upon within 10 days upon receipt. You will be notified of the decision by mail, email, or phone (for petitions while a student is living on campus: if you check out prior to a decision being made, a copy of this petition will be forwarded to your permanent address listed below).

**Please note:** disciplinary action may result if false information is given on this form.

**PLEASE PRINT CLEARLY**

NAME \_\_\_\_\_ STUDENT ID # \_\_\_\_\_  
BUILDING \_\_\_\_\_ ROOM # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
RSC BOX # \_\_\_\_\_ CLASS (check one):  First-Year  Sophomore  Junior  Senior  Grad  
PERMANENT ADDRESS: HIGH SCHOOL GRADUATION YEAR \_\_\_\_\_  
STREET \_\_\_\_\_ PHONE # \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**CHECK THE APPROPRIATE SELECTION BELOW:**

\_\_\_\_ (1) **RELEASE FROM MY RESIDENTIAL CONTRACT. MY ANTICIPATED CHECK-OUT DATE IS:** \_\_\_\_\_

**\*\*\* Please Note: Your meal card will no longer work once you have been released from your residential contract\*\*\***

I understand that by being allowed to be released from my residential contract, I agree to pay all room and board charges through date of check out (first 10 days minimum) and I agree to pay the cancellation fee\* (see below) for every day remaining in the academic year if I have an academic year contract.

REASONS: \_\_\_\_\_

**Check one of the following boxes:**  I am remaining at WOU as a student  I am withdrawing from WOU and leaving the university

\_\_\_\_ (2) **WAIVE THE FIRST-YEAR LIVE-IN REQUIREMENT** RA Initial \_\_\_\_\_ Date \_\_\_\_\_ RD Initial \_\_\_\_\_ Date \_\_\_\_\_

Requests must meet one of the following criteria: to live at home with parents (within a commutable distance of 30 miles or less); due to marriage or registered domestic partnership; to care for legal dependent. Exceptions to this policy must be thoroughly explained on an attached sheet of paper. **All petitions for this waiver must include a parent signature and documentation will be required to verify request. While the academic year is in session, all residents petitioning this requirement must meet with their RA and RD prior to submitting the petition to the Office of University Housing.**

**TO LIVE AT THIS ADDRESS:** STREET \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

During the following (include term(s) and year) \_\_\_\_\_

**REASONS:** (please explain the reasons involved in your request on a separate sheet of paper)

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ (3) **OTHER:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY**

YOUR PETITION WAS: APPROVED DENIED OTHER BY: \_\_\_\_\_ DATE: \_\_\_\_\_

- \_\_\_\_\_ CHARGE/WAIVE CANCELLATION FEE\* (\$10.00/DAY)
- \_\_\_\_\_ CHARGE FIRST / LAST 10 DAYS R & B CHARGES
- \_\_\_\_\_ CHARGE THROUGH DATE OF CHECK-OUT (room/board charges apply)
- \_\_\_\_\_ CHECK REGISTRAR'S OFFICE FOR ENROLLMENT

**REMARKS:**