

EXCEPTION TO HOUSING AGREEMENT

Exception to Policy Process: If there are circumstances that may prevent you from meeting the obligation of your Housing Agreement, you may appeal the agreement cancellation charges by completing this Exception to Housing Agreement.

1 RESIDENT INFORMATION

1

Name _____

Student ID # _____ Cell Phone _____

Campus Address _____

Hall

Room

2 POLICY RESIDENT IS REQUESTING EXCEPTION FOR

2

Forfeit Deposit

Percentage of Housing Fees

Other: _____

3 REASON FOR EXCEPTION

3

Winter Graduation

Call to Active Military Service (*documentation of active duty*)

Approved Medical Withdrawal (*documentation of medical withdrawal*)

Academic Internship (*documentation showing offer and dates*)

Spring Study Abroad

4 PLEASE READ THE INFORMATION BELOW

4

By signing below I affirm that the information contained in or included with this request is true and accurate. I authorize anyone contacted by PWSC in connection with this request to discuss my request and to release relevant documentation in their possession to PWSC. 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 _____

Form is continued on the reverse side

EXCEPTION TO HOUSING AGREEMENT (PAGE 2)

PLEASE READ THE INFORMATION BELOW

I understand that a Request for 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 terms of the contract and published schedule and policies.

 Initials

I understand that at the time of application I was presented with the Housing Agreement and agreed to the terms of the contract. It is my responsibility to follow the cancellation policies outlined in the contract.

 Initials

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 the current policies (physician's note, letters of support from instructors, etc.) Requests without documentation may not be considered.

 Initials

I understand that only requests submitted by the student or a person with documented legal authority or proof of FERPA (Family Educational Rights & Privacy Act) Release Form to act on behalf of the student will be considered.

 Initials

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 exception 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.

 Initials

I understand that work related issues, changing my mind about college, poor academic performance, disciplinary withdrawal, not received expected financial assistance or failure to read UAA'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.

 Initials

Please submit this form in person or by email to housing@pwsc.alaska.edu by mail to Residence Life, 303 Lowe Street, PO Box 97, Valdez, AK 99686.

Please provide detailed explanation of your request for an exception to Housing policy (use an additional page if necessary)

OFFICE USE ONLY	
Date Received _____	Accepted by: _____
Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Forfeit Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No Penalty % <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100	