

Application for a Contract Release/Exception Residential Life Office/ Indiana State University

Name: _____

991#: _____

Housing Contract: The Housing Contract is a legal binding contract for the full academic year. Students are cautioned not to sign legal agreements for off-campus housing until they receive an official release in writing.

Procedures:

1. Applications can be submitted on-line and supporting documentation sent to Residential Life. Paper applications should be submitted to the Residential Life Office along with the required supporting documentation. Requests will not be reviewed without supporting documentation. Mail your form & documentation to: Residential Life Office, Indiana State University, Terre Haute, IN 47809 or fax to: (812) 237- 8525.
2. Completed applications are reviewed by a Contract Release/Exception Committee. If the student wishes to meet with the committee, an appointment should be made at the time the form is submitted in person or by calling the Residential Life Office at (812) 237- 3993, if the form was submitted on-line.
3. The student will be notified of the decision in writing. Notification will be sent to the student's current hall address or to a permanent address if requested.
4. Appeals of the committee's decision should be made **in writing within five (5) days** to the Associate Director of Residential Life. Additional documentation will be required to file an appeal and should be provided with the appeal letter.

I would like to request a (please check one):

Contract Release – Have signed a Housing Contract and wants released from said contract. Students should be advised that a contract release is granted by a Contract Release/Exception Committee only in situations involving extreme or unusual circumstances beyond the student's control, the nature of which would prohibit living in a residence hall or impose a severe hardship.

Housing Exception – The University Housing Policy states that Freshman (student with less than 32 earned academic hours) are required to live in University residence halls unless they live and commute from their parent's home (within 60 miles from campus), or have a valid exception. Students who have lived in University residence halls for 2 semesters are exempt from this requirement. This policy applies to single students.

Please indicate the reason for the Contract Release/Exemption request and indicate your documentation status:

Medical - describe the medical condition in the space allotted on this form and provide supporting documentation. This includes pregnancy, illness in the immediate family or personal illness.

I have attached medical documentation from my physician or the Student Health Center to support my claim. A consultation may be required with the ISU Student Health Center.

Medical documentation will be faxed to (812) 237- 8525 or provided to the Residential Life Office at a later date. I understand that my request will not be reviewed until the supporting documentation is received.

Financial – describe the significant financial change that has occurred in the space allotted on this form and provide supporting documentation.

I have attached documentation supporting my claim of a significant financial change since signing my contract (job loss, significant cut in work hours, unexpected expenses, cut in financial aid, etc.).

I am not on file with the Financial Aid Office and have included the additional financial form provided to me by Residential Life.

Documentation supporting my claim will be faxed to (812) 237 – 8525 or provided to the Residential Life Office at a later date. I understand that my request will not be reviewed until the supporting documentation is received.

Live-In Employment

I have attached a letter from my employer stating that housing is a requirement of my employment or that housing is a benefit of my employment.

My employer will fax Residential Life (812) 237 – 8525 a letter stating that housing is a requirement of my employment or that housing is a benefit of my employment.

Fraternity/Sorority Officer – **Contract Release will not be granted for first-year students living in the halls; regardless of the elected office.**

I have attached a copy of my fraternity/sorority minutes from the meeting showing that I was elected to an office and I have attach a copy of my fraternity/sorority complete By-Laws highlighting the section which shows that my office is required to live off campus in our fraternity/sorority house.

Documentation supporting my claim will be faxed to (812) 237- 8525 or provided to the Residential Life Office at a later date. I understand that my request will not be reviewed until the supporting documentation is received.

Staff Employment Ended: RA, APA, or LPA

Residential Life and my supervisor are aware of my employment end date.

Marriage

I have provided a statement about my impending marriage including the date and name of my soon to be spouse. A copy of my marriage certificate will be sent to the Residential Life Office within two weeks of the marriage, failure to do so will nullify the contract release.

Military Duty

A copy of my orders are attached

A copy of my orders will be faxed to (812) 237 – 8525 or provided to the Residential Life Office at a later date. I understand that my request will not be reviewed until the supporting documentation is received.

Interlink – must have lived on campus for one Interlink term

Release from single Room Contract – list roommate below (contact your Area Director for a room change once you have been released).

New roommate's full name _____
991 _____

If you have not made arrangements for a new roommate and your request is for financial reasons, please submit documentation to support your financial change since signing a single room contract.

Contract Buyout – Available only to students that are exempted from the University Housing Policy. The student can be automatically released from the contract by buying out the remaining portions of the contract. The buy out rate is sixty five percent (65%) of the remaining contract.

Requesting release from Residence Hall Contract for the following term:

Academic Year

Fall Semester

1st Summer Term

Spring Semester

Interlink

2nd Summer Term

Personal Information

Name: _____
(Last) (First) (Middle)

Student 991#: _____ Date of Birth: _____

Current Hall & Room #: _____ Phone Ext: _____ Cell # _____

Permanent Address: _____
(Street/Box)

(City) (State) (Zip)

(Phone)

Present Classification: FR SOPH JR SR GRAD Interlink

Hours Completed _____ Hours in Progress _____ Transfer Hours _____

Places you have lived while enrolled at ISU:

Hall/Address: _____ Date: _____

Hall/Address: _____ Date: _____

Do you own or operate an automobile? No Yes Make _____ Year _____

Proposed address if exception/release is granted: _____

Date you wish to begin living at this address: _____

Financial Information:

Resources

The following financial information should be based on SEMESTER cost.

Savings \$ _____

Part-time earnings
while in school - not
Work study \$ _____

Aid from parents \$ _____

Aid from relatives \$ _____

Work Study \$ _____

Social Security \$ _____

Trusts \$ _____

Loan \$ _____

Other \$ _____

TOTAL \$ _____

Off Campus Expenses

List the following monthly expenses for off-campus living.

Rent \$ _____ Rent Deposit \$ _____ Food \$ _____
Telephone \$ _____ Utilities \$ _____ Utilities Deposit \$ _____
Monthly total (including food) \$ _____

Outstanding Debts:

Do you have a current year application on file with Financial Aid? Yes No

If no, and a release/exception is requested due to a change in your financial situation, you must complete appropriate forms that are available in the Residential Life Office. These forms must be completed and submitted along with this document to the Department of Residential Life.

Statement of Request: Please state clearly your reasons for requesting a contract exception/release from the Housing Policy. Make sure to attach documentation as required by the instructions, which you feel may support your request. Request will not be reviewed without supporting documentation.

The information provided on and with this request is, to the best of my knowledge, accurate in every detail. With this signature, I authorize release of the appropriate medical and financial information to the Residential Life Office.

Signature: _____ Date: _____

* * * * FOR OFFICE USE ONLY * * * *
Contract/Exception Request Route Sheet

Student's Name: _____ 991#: _____

Current Housing Contract: Yes: _____ No: _____ Age: _____ GPA: _____

Comments

Financial Aid for Year: _____ In Hall: _____

Number in HH: _____

Father's Income: \$ _____ \$ _____

Mother's Income: \$ _____ \$ _____

Student's Income: \$ _____ \$ _____

Aid Received: \$ _____ \$ _____

\$ _____ \$ _____ Date: _____

\$ _____ \$ _____

\$ _____ \$ _____ Prepared By: _____

University Balance: \$ _____ \$ _____

Committee Members:

1st Committee Member: _____ Approved: _____ Denied: _____

2nd Committee Member: _____ Approved: _____ Denied: _____

3rd Committee Member: _____ Approved: _____ Denied: _____

Date Committee Met: _____

Committee Decision: Approved () Denied ()

Rationale:

Effective Date: _____ By: _____