



## Procedures for Release from the University Housing Requirement

According to the University of Illinois, Code of Policies and Regulations, Student Conduct: Article 2, Section 2-201 and 2-202: All single [new first time attending] undergraduate students must reside in certified housing for the entire academic year.

If a student desires to live in a facility that is not certified by the University, he/she must complete, submit and receive approval of the following application for exemption from the requirement.

### APPLICATION GUIDELINES:

1. Students may only apply for exemption from the housing requirement once during the academic year. Exemption records are kept on file and duplicate requests will not be considered.
2. Applications may be faxed, emailed, mailed, or dropped off in person. See contact information below.
3. Applications are due by the first day of class of the first semester attended by the student. Applications for release from the requirement after one semester of attendance will not be entertained.
4. If a waiver is granted and the student has an existing University Residence Hall contract, they must cancel the contract online. Please go to [housing.illinois.edu/cancel](http://housing.illinois.edu/cancel) and complete the form. In the *other reasons* box, please type "approved exemption waiver application." You will not be assessed the contract settlement charge if your application is approved.
  - a. If the student has a contract with a Private Certified Housing (PCH) facility, the student is responsible for cancellation under the terms and conditions of the specific PCH facility and contract.
5. Once an application for waiver is received and reviewed, the student will be notified of the decision in writing within 10 business days.
6. Students who are granted an exemption are expected to remain in the approved living arrangement for the remainder of the academic year. Failure to do so may result in the reinstatement of the requirement.
7. Student must provide official documentation of residency at previous college/university along with this application.

### APPEAL GUIDELINES:

1. If an application for waiver is denied, the student should consult with the Housing Information Office to explore all of the certified housing options.
2. If a student would like to appeal the denied application for waiver, appeal instructions will accompany the denial notification letter.
3. All appeals must be submitted in writing within 3 weeks of the date on the denial notification letter. The request should be as comprehensive as possible as only one appeal will be considered.

**Failure to fulfill the University Housing Requirement could result in registration or graduation encumbrances.**

### QUESTIONS CAN BE DIRECTED TO:

Housing Information Office  
100 Clark Hall, 1203 South Fourth Street  
Champaign, IL 61820-6982  
Phone: 217-333-7111  
Fax: 217-244-7073  
Email: [housing@illinois.edu](mailto:housing@illinois.edu)

# UNIVERSITY HOUSING

Student Affairs: We're Everywhere You Are.



## RETURN TO:

Housing Information Office  
100 Clark Hall, 1203 S. Fourth St.  
Champaign, IL 61820-6982

2016-17 Academic Year \_\_\_\_\_ Spring 2017 Only \_\_\_\_\_

NAME \_\_\_\_\_ UNIVERSITY ID# (UIN) \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ GENDER \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

CURRENT ADDRESS \_\_\_\_\_  
(SPRING ONLY REQUESTS) (STREET) (CITY) (STATE) (ZIP CODE)

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ HIGH SCHOOL GRADUATION DATE \_\_\_\_\_  
(MM/DD/YYYY) (MM/YYYY)

PERSONAL EMAIL ADR \_\_\_\_\_ ILLINOIS EMAIL ADR \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME OF PARENT(S) \_\_\_\_\_

PARENT'S ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Will you have completed 2 semesters as a live-in resident at a college/university by August 22, 2016?

Circle: Yes No **(If Yes, documentation is required. Please refer to #7).**

Proposed living arrangement (include address if different than parents') \_\_\_\_\_

**Please state your request and reasons below for applying for a waiver. Note: A parent/guardian letter must be attached supporting your request. (Continue on reverse side or additional sheet)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### Office Use Only

Parent Letter Attached: Yes No  APPROVED  PENDING  DEFERRED  DENIED

Student Type: \_\_\_\_\_ Reason: \_\_\_\_\_

Banner Matches: Yes No High School \_\_\_\_\_

Earned Hours \_\_\_\_\_ Graded Hours \_\_\_\_\_ Institution \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

Scan  ODOS  PCH DB  StarRez  Email  Dietician