



**REQUEST TO STAY IN HOUSING
UNDER 12 HOURS**

Resident's Name (*Please print*) _____

CWID # _____

Bldg _____ Room _____ Phone Number _____
(where you can be reached)

Total Hours _____ Hours after withdrawing _____ Term _____ Yr _____
(Fall Spring Summer)

Reason for dropping below 12 hours _____

I understand by signing this form that I am being given an exception to live in housing under the established guidelines. As an exception I also understand that if there are any student conduct actions on my part this exception can be revoked.

Signature / Resident _____ Date _____

Approved - Denied

NOTES: _____

Director Residential Life _____ Date _____