

<(- 2\ZRVR^PT *HTW\Z :HJRL[[/HSS
76)V_ (RPHR +YP]L)L[OLS (
W 6U JHSS
^^^ \HM LK\ IL[OLS WHIHZPSL'HSHZR

EXCEPTION TO HOUSING AGREEMENT

,_JLW[PVU [V 7VSPJ` 7YVJLZZ! ;OLYL HYL JPYJ\TZ[HUJLZ [OH[TH` WY
VISPNH[PVU VM `V\Y :HJRL[[/HSS /V\ZPUN (NYLLTLU[@V\ TH` HWWL
JOHYNLZ I` JVTWSL[PUN [OPZ ,_JLW[PVU [V 7VSPJ` 7YVJLZZ MVT

RESIDENT INFORMATION

MY HOUSING EXCEPTION APPLIES TO: FAMILY, STAFF, OR GRADUATE HOUSING SINGLE STUDENT HOUSING

NAME _____

LAST NAME

Fl anyone contacted by UAF in connection with this request to discuss my request ar
their possession to UAF. Should my appeal be granted based on the information I pr
intentionally misrepresented myself, I understand my original debt will be reinstated.

POLICY RESIDENT IS REQUESTING EXCEPTION FOR, PLEASE CHECK ONE

Forfeited Deposit

Percentage of Htage of HOther (additional space on back)

Winter Graduation (documentation of graduation)

Call to Active Military Service (documentation of active duty)

Approved Medical Withdrawal (documentation of medical withdrawal)

Academic Internship (documentation of showing offer and dates)

Moving to Fire Service Housing (documentation of firehouse living)

Spring Study Abroad (Email from UAF -StudyAway@alaska.edu - Subject line

“Study Away Approval” or “Query Watch Report: Approved Applications”)

Other (additional space on back)

PLEASE READ THE INFORMATION BELOW

RESIDENT SIGNATURE _____

DATE _____

THIS FORM HAS TWO SIDES AND YOU MUST COMPLETE BOTH SIDES OF THIS FORM!

F I understand that a Request of 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 published schedule and policies.

F I understand that 4 B D L F U U) B M M has provided me with my housing agreement. It is my responsibility to follow cancellation guidelines. It is not the responsibility of 4 B D L F U U) B M M

