

**PETITION FOR EXCEPTION or RELEASE FROM CONTRACT**

**PROVIDING A PETITION AND DOCUMENTATION DOES NOT GUARANTEE COMMITTEE APPROVAL.**

- ✓ **THIS FORM MUST BE COMPLETED BY THE STUDENT.**
- ✓ **PETITIONS MUST BE FILED WITHIN ONE YEAR OF CANCELLATION/CHECKOUT.**
- ✓ **EXPLAIN WHAT YOU ARE PETITIONING AND WHY ON THE REVERSE SIDE OF THIS FORM.**
- ✓ **PETITION WILL NOT BE REVIEWED WITHOUT SUPPORTING DOCUMENTATION.**

**PRINT:**

Last Name	First Name	10-Digit Phone Number	Dawg Tag Number
Room/Hall OR Building/Apartment Where You Live(d) On-Campus			Date of Birth
Current Address. INCLUDE STREET, CITY, STATE, ZIP		Email Address (required to send results)	

**REASON FOR PETITION (CHECK WHICH APPLIES TO YOU):**

- \_\_\_ **MEDICAL RELEASE.** Medical condition which occurred **after contracting** that would prevent you from attending classes. **MUST PROVIDE A STATEMENT ON LETTERHEAD FROM A PHYSICIAN OR OTHER LICENSED MEDICAL PROFESSIONAL (who is not a relative):**
- That you are under their active care as a patient and you have a medical condition which requires not living on-campus.
- \_\_\_ **FINANCIAL HARDSHIP RELEASE.** **MUST PROVIDE PROOF OF A SUBSTANTIAL CHANGE IN FINANCIAL STATUS AFTER CONTRACTING:**
- Custodial parent lost his/her job or had a dramatic decrease in income. **MUST PROVIDE LETTER ON LETTERHEAD FROM EMPLOYER or OTHER SUBSTANTIATING DOCUMENTATION.**
  - Divorce, bankruptcy, death, accident or severe illness of custodial parent causing a significant hardship. **MUST PROVIDE SUPPORTING DOCUMENTATION.**
  - A DECREASE OR LOSS OF YOUR FINANCIAL AID AWARD IS **NOT** CONSIDERED AN EXTENUATING CIRCUMSTANCE.
- \_\_\_ **EDUCATIONAL RELEASE** to Student Teach or complete an Internship for SIU Carbondale credit. **MUST PROVIDE LETTER FROM YOUR DEPARTMENT/ADVISOR.**
- \_\_\_ **CALLED TO ACTIVE MILITARY DUTY OR ENLISTMENT.** **MUST PROVIDE COPY OF OFFICIAL ORDERS.**
- \_\_\_ **OTHER.** **MUST PROVIDE DETAILED EXPLANATION ON THE REVERSE SIDE OR ATTACHMENT, STATING WHAT YOU ARE REQUESTING AND INFORMATION TO SUPPORT THE REQUEST.**

**OFFICE USE ONLY**

**RECEIVED IN OFFICE DATE:** \_\_\_\_\_

C/O ___ Yes ___ No Date _____	Charged \$ _____ Charged \$ _____ Charged \$ _____ Charged \$ _____	Current Registered Hours _____ Suspended: ___ Yes ___ No CESL _____ Faculty/Staff _____ Class Status: FR SO JR SR GRAD PH.D Registered: ___ Yes ___ No Holds: _____ Total Accumulated Hours _____
Canc ___ Yes ___ No Date _____	Charged \$ _____	
W/D ___ Yes ___ No Date _____		
Intent ___ Yes ___ No Date _____		

Date Contracted: \_\_\_\_\_ Notes: \_\_\_\_\_

**Committee Result:** \_\_\_ Approved \_\_\_ Denied \_\_\_ Limited Approval \_\_\_ More Information \_\_\_ No Decision

Signature of Chair \_\_\_\_\_ Date \_\_\_\_\_

**STARREZ :** Before review \_\_\_\_\_ After Review \_\_\_\_\_

RESULT EMAIL SENT DATE \_\_\_\_\_ SCANNED \_\_\_\_\_

Name \_\_\_\_\_ DawgTag# \_\_\_\_\_

**YOU MUST PROVIDE REQUIRED SUPPORTING DOCUMENTATION FOR YOUR PETITION TO BE REVIEWED – IT WILL NOT BE REVIEWED WITHOUT REQUESTED DOCUMENTATION.**

**BEFORE ADDING INFORMATION TO SUPPORT YOUR REQUEST, STATE WHAT AND/OR WHY YOU ARE PETITIONING:**

**What Petition is For:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

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**MUST ATTACH REQUESTED SUPPORTING DOCUMENTATION (SEE PAGE 1)**

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Return to:  
University Housing  
Student Services Building, Mail Code 6716  
Southern Illinois University  
1263 Lincoln Drive  
Carbondale, IL 62901  
[housing@siu.edu](mailto:housing@siu.edu)  
Fax: 618-453-2090