

## **Request for Waiver of First Year Housing/Meal Plan Policy**

A First Year student is classified as a student who has graduated from high school in the previous academic year. All First Year students are required to reside in University housing and to purchase a 20, 15, or any 160 meal plan during their freshman year, which will normally include the Fall and Spring semesters. Anyone signing an academic year housing/meal plan contract will be required to fulfill the terms of that contract. Exceptions to the First Year Housing and Meal Plan Policy may be made by the Department of Residence Life.

Please review the following options for release and select the one for which you apply:

- residence in University housing will impose significant hardship, financial, medical or otherwise; or
- you are already married and living with your spouse; or
- you commute from the permanent home of your parents, grandparents, or a brother or sister (if that residence is within a 60 mile radius of the campus). Permanent residency must be established for at least 6 months prior to students enrollment at Sam Houston State University; or
- you graduated from high school at least one year prior to attending Sam Houston State University; or

Once you have made your choice, you must submit all of the required documentation. Requests for exemption that are submitted without proper documentation will be returned to you unprocessed. Registration for classes will be permitted only after the necessary arrangements for the housing/meal plan are made or approval of waiver of this requirement is obtained. **If your situation changes after your waiver is approved, you must notify the Department of Residence Life in writing of the changes. The department does re-verify waivers after the semester begins.**

### **Process for Obtaining a Waiver**

1. Complete the attached Request for Waiver of the First Year Housing and Meal Plan Policy before you register for your classes. This form must be **notarized** by a State of Texas Notary Public (this is to verify the signatures on the indicated form). For your convenience, the medical release form is attached if you should need it.
2. Attach required documentation (see back of page for more information).

If your request for a waiver is denied and you would like to appeal this decision, you may request this in writing to the Assistant Director of Business and Operations at the Department of Residence Life. **This request for an appeal must occur within two weeks of the date of the denial decision. The decision of the Assistant Director is final.**

If you have any questions concerning this process, please do not hesitate to contact the Department of Residence Life at (936)294-1812, and we will help you through this process. The notarized waiver form and required documentation can be sent to the address below:

Department of Residence Life  
Sam Houston State University  
Huntsville, Texas 77341-2416

# Required Documentation Must Accompany Request

## Financial Hardship:

1. A completed (and notarized) Request for Waiver of the Sam Houston State University First Year Housing Policy.
2. A statement regarding your financial situation.
3. Any documentation to support your statement of financial hardship.
4. All applications for a financial hardship waiver exemption MUST have completed their financial aid file BEFORE the hardship request can be processed. You may pick up the Free Financial Aid Form in the Student Financial Aid Office or on-line at <http://www.fafsa.ed.gov/>. These forms take between 2 and 6 weeks to process.

Once this information is on file, we will examine the amount of financial aid that you receive along with the average cost of attending Sam Houston State University. Based upon these calculations, your request will be granted or denied. If you are not eligible for Financial Aid, or if your request for Financial Aid has been denied, please include this information in your statement

## Certified Medical Release:

1. A completed (and notarized) Request for Waiver of the Sam Houston State University First Year Housing Policy.
2. A completed authorization allowing your attending physician to release information on your medical condition to Sam Houston State University.

Once we receive the above information, we will send a questionnaire to your physician. When we receive the completed questionnaire from your physician, we will send your file to the Sam Houston State University campus physician to review. The Sam Houston State University campus physician may also contact your attending physician to discuss your case. Based upon the information provided by your physician and the campus physician, the decision will be made to grant or deny your request.

We do not request that your physician send us your medical records, but we do require that he/she return the completed questionnaire so that we can process your request. Additional notes or letters from your physician may be sent along with the questionnaire if your physician would like to include additional information; however, this will not take the place of the questionnaire.

## Marriage:

1. A completed (and notarized) Request for Waiver of the Sam Houston State University First Year Housing Policy.
2. An official marriage license filed with the courthouse.

## Commute from permanent home of parent/ legal guardian or grandparent (within 60 mile radius):

1. A completed (and notarized) Request for Waiver of the Sam Houston State University First Year Housing Policy.
2. If living with a legal guardian, copies of the court approved guardianship papers must accompany request.
3. Permanent residency must be established for at least 6 months prior to students enrollment at Sam Houston State University. You may be required to show proof of permanent residence.

## Commute from home of brother or sister (within 60 mile radius):

1. A completed (and notarized) Request for Waiver of the Sam Houston State University First Year Housing Policy.
2. If apartment or rental property, a copy of the apartment lease listing both siblings as residents.
3. If the sibling owns a home, provide verification of home ownership.
4. Permanent residency must be established for at least 6 months prior to students enrollment at Sam Houston State University. You may be required to show proof of permanent residence.

## Military Service:

1. A completed (and notarized) Request for Waiver of the Sam Houston State University First Year Housing Policy.
2. Verification of military service.

**Request for Waiver of First Year Housing/Meal Plan Policy**

I have read and understand all the information in the First Year Housing/Meal Plan Policy \_\_\_\_\_ (please initial).

Academic Year for which waiver is requested: (indicate year) 20\_\_\_\_-20\_\_\_\_\_.

Name: \_\_\_\_\_ Sam ID # \_\_\_\_\_  
Last First MI

Permanent Address: \_\_\_\_\_  
Street City State Zip

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Other College/University Attended: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Waiver for: (check one please)  On-Campus Housing  Meal Plan  Both

If you are requesting to live off campus or to live off campus and be exempt from the meal plan, please complete this section:

Person you will be residing with: \_\_\_\_\_  
Last First MI

Relationship:  Parent/Legal Guardian  Grandparent(s)  Brother/Sister

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number (\_\_\_\_\_) \_\_\_\_\_

The above address is within the approved 60 mile radius of campus: (please check one)  Yes  No

I am requesting a waiver as indicated above for the following reasons: *(NOTE: Be as specific as possible. The preliminary information provided in this section will be used to evaluate your request. Attach required documentation. Further documentation may be requested before we can make a fair and equitable evaluation and decision on your request.)*

Attach required documentation

I do hereby certify that I have read and understand the First Year Housing and Meal Plan Policy of Sam Houston State University. I do further certify that all above information is correct. I also understand that providing false information is a violation of the Code of Student Conduct of SAM HOUSTON STATE UNIVERSITY as published in Guidelines and may be grounds for disciplinary action by the University. I ALSO UNDERSTAND THAT IF FALSE INFORMATION IS PROVIDED IN THIS WAIVER, IT WILL BE REVOKED AND FULL CHARGES FOR HOUSING AND DINING WILL BE ADDED TO MY STUDENT ACCOUNT FOR THE ENTIRE REQUESTED TIME PERIOD. If permission is not granted to waive the on-campus requirement and/or the mandatory meal plan, the decision may be appealed in writing by the student requesting the waiver.

IMPORTANT: If your situation changes after your waiver is approved, you must notify the Department of Residence Life in writing of the changes. The department does re-verify waivers after the semester begins.

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

Signature of Person Student will be residing with, if other than Parent/Legal Guardian

Date

THE STATE OF TEXAS, COUNTY OF

THE INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THE DAY OF

Notary Public, State of Texas

Commission Expires

For Office Use Only

Permission is: [ ] Granted [ ] Denied

Date: By:

Remarks:

## Off-Campus Request For Medical Reason(s)

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ailment \_\_\_\_\_

This release authorizes the Sam Houston State University Department of Residence Life to mail a questionnaire to the above named Physician. This questionnaire requests information on your specific medical condition and how the problem will be alleviated by off-campus housing.

This release further authorizes the Sam Houston State University physician to contact the above named Physician to discuss any questions about the information the above named Physician provides on the questionnaire.

\_\_\_\_\_  
Name of Student Sam ID #

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Signature of Student Date of Application

### FOR OFFICE USE ONLY

Date Application Received by Department of Residence Life Office: \_\_\_\_\_

Date Questionnaire mailed to above named Physician: \_\_\_\_\_

Date Questionnaire returned by above named Physician: \_\_\_\_\_