Request for Waiver of First Year Housing/Meal Plan Policy
Applicable for students who have not resided on SHSU campus

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 15, 20, or All Access meal plan during their first 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 initial next to the reason which applies to your 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 go online at http://www.fafsa.ed.gov/.

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 copy of the marriage license filed with the courthouse.

Family Housing: ________
1. A completed (and notarized) Request for Waiver of the Sam Houston State University First Year Housing Policy.
2. An official copy of a child's Birth Certificate

Additional Options on next page
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 denied. Upon enrollment, housing and dining charges will be added to your student account unless you have an approved waiver. If your waiver is approved, please allow 48 business hours for the charge removal to reflect on your student account. 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 Sam Houston State University First Year Housing 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
3. Submit request form and documentation to Department of Residence Life via one of the following methods:

   Fax: (936) 294-1920
   E-mail: reslife@shsu.edu
   Physical Address: 901 Bearkat Blvd. Huntsville, TX 77340

   Mailing address: Dept. of Residence Life
   Box 2416
   Huntsville, Texas 77341

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

Academic Year for which waiver is requested: (indicate year) 20____-20_____  Semester starting: ____________

Name: _______________________________________________  Sam ID # ______________________

Last                          First                          MI

Permanent Address: _____________________________________________________________

Street    City        State  Zip

Home Phone: (______) _________________  Date of Birth: ______________________

Student Cell: (______) _________________  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: _______________________________________________________________

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

Last                          First                          MI

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

Documentation verifying the person(s) name and address listed above is required. Please attach a copy of address verification such as:

• Drivers license of the person you will reside with
• Utility Bill—addressed to the person you will reside with
• Lease agreement which lists both siblings as residents (required where applicable)

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Continue on the back of this form
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.)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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, I am aware the decision may be appealed in writing. 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.

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     By:________________________________________

Data Entry Date: _________________          Email Conf. Date:____________________

Remarks: ______________________________________________________________________________

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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/fax 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/dining.

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/faxed to above named Physician/Other: ____________

Date Questionnaire returned by above named Physician/Other: ____________

Date Questionnaire submitted to SHSU review resource: ____________

Date Questionnaire returned to Residence Life: ____________