



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

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 the request.
3. Permanent residency must be established for at least 6 months prior to students enrollment at Sam Houston State University. Please provide 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. Please provide 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.

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 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
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: 910 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.



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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: _____
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

Documentation verifying the person(s) name and address listed above is required. Please attach a required copy of the drivers license or identification card of the person(s) you will be residing with, plus one of the following:

- Permanent Residence-Utility Bill addressed to the person you will reside with
- Rental Property-Lease agreement which lists both siblings as residents (required where applicable)

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, 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: _____

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 or health care provider. 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 or health care provider to discuss any questions about the information documented 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/health care provider: _____

Date Questionnaire returned by above named physician/health care provider: _____

Date Questionnaire sent to _____ for review: _____

Date Questionnaire returned to Residence Life: _____