

**ON-CAMPUS HOUSING CONTRACT APPEAL**  
**Request for Refund or Cancellation of Housing Fees**

**Housing Contract Appeals, as stated in the housing contract, will be reviewed under said circumstances:**

Housing appeals will be reviewed by a committee on the basis of financial hardship, personal medical/health related need or other demonstrated extenuating circumstances.

- a. To be considered for financial hardship, a student must be able to demonstrate that their financial circumstances are quite severe, and would prohibit them from successfully managing the costs of on-campus housing. This is typically presented as a financial aid package that leaves the student with significant amounts of unmet need, which is beyond the families Expected Family Contribution (EFC)
- b. Residents who check out of housing prior to the end of the contract period and who do not receive an approved housing contract appeal will be held responsible for the full remaining cost of the contract.

--2006-2007 Housing Contract, Paragraph 5--

**Submission Deadlines:**

If appealing for (or prior to) fall semester, appeal must be received in our office two weeks prior to the first day of classes.

If appealing for spring semester, appeal must be received two weeks before the last day of fall classes.

If appealing mid semester, we will review on a case by case basis, requiring a minimum of two weeks processing.

**Appeal Process:**

1. Complete all sections of this form. Incomplete applications will not be accepted.
2. Include any statements, letters or documentation that will verify the information provided in your request. Examples of appropriate documentation include:
  - Letters from physicians, psychologists or others from whom you have sought official assistance. The Department of Student Development may consult with staff from Counseling, Health and Wellness Services to evaluate requests.
  - Documentation of financial hardship. The Department of Student Development will work in cooperation with the Office of Financial Aid to clarify financial need.
3. **Return this form and documentation to:**

**Residence Life/Contract Appeals**  
**Student Development Office, CMB 1003**  
**1500 North Warner**  
**Tacoma, WA 98416-1003**

**You will be notified in writing of the committee's decision. All decisions put forth by the committee are final.**

**If you have questions or need additional information, please contact:**  
**Student Development (CMB 1003), University of Puget Sound, 1500 N. Warner, Tacoma, WA 98416-1003,**  
**253-879-3317**

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Name: \_\_\_\_\_ UPS ID #: \_\_\_\_\_

Address of Your Current On-Campus Living Area: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Campus Mail Box No: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_ Date: \_\_\_\_\_

*Below or on a separate piece of paper, please type or write neatly responses to the following questions. Information provided will remain confidential.*

- A. What needs do you have that cannot be met in residential housing? What makes your situation unique from that of other students in University of Puget Sound housing?
- B. Describe how your needs changed from those which prompted you to choose to live on campus or permitted you to live on campus in the past?
- C. How have you tried to address those needs using University of Puget Sound resources? Please give specific examples.
- D. What would your new living situation be, and how would it meet your needs and/or alleviate your hardship? If your request is based on financial hardship, please be prepared to document why you need a significant adjustment.

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