

Name	e:		Student ID:	Date Of Birth:	
Hall_	Room #	Cell Phone:	Email Addre	ss:	
Your Residence Hall Contract is in place for one academic year — August through May. Release from this contract will be granted only in extenuating circumstances. Please examine the criteria for on-campus residency exemptions listed below and determine if you qualify. If you do, complete and submit this petition with supporting documentation and mail it to MSU-N, ATTN: Office of Residence Life, 1200 Buttrey Dr., Havre, MT 59501. Or drop it off at the Student Union Building Information Desk.					
	☐ I am a second +year student and h☐ I am a first year student and/or ha				
	Graduation: Subject to verification.				
	□ Withdrawal from the University: Subject to verification.				
	Marriage: Must be supported by a marriage certification.				
	Academic or Disciplinary Suspension: Subject to verification.				
	Financial hardship: Such as death, accident or severe illness of primary family wage earner, recent substantial change in the family status beyond your control, or unusual circumstances well supported by documentation. <i>Include a letter outlining your recent financial change</i> .				
	Medical/ Disability related condition: A medical or disability condition that precludes you from living in the residence halls. This will require evaluation by Disability Services or Veteran Services. <i>Please includes all pertinent documentation and a completed Disability Accommodation Request. This contract release form should be submitted separately to the Office of Residence Life.</i>				
	Educational requirement: Such as student teaching, internship or change in university programs. In most cases, this information should be known prior to the contract dates, but in special cases, substantial proof from the university may justify release. <i>Please include a written explanation and documentation from the college or department.</i>				
	Living with family member: Living with an immediate family member (parent, grandparent, sibling, or legal guardian) at their principal, established local residence within a commutable radius. Please supply 1) copy of power/heating bill or lease for proof of address, and 2) a notarized letter from parent/legal guardian. Letter should contain the name, relationship to the student and address of the immediate family member with whom the student will be living.				
	Unusual circumstances: Circumstances have risen that are not within the scope of the criteria listed above that make living in the halls a hardship and warrant a release from the academic year contract.				
Explanation of circumstance: Please enter your response on back of paper or submit additional pages.					
I understand that if this Petition for Residence Hall Contract Release is not approved, I will be obligated for the full amount of charges under the terms set forth in the Residence Hall Contract I signed—even if I choose to move out of the residence hall. The \$75 cancellation fee, damages and other charges will be assessed. Additional charges may be assessed if I do not follow proper residence hall check-out procedures. Any prorated fee adjustments will be applied to your student account. Further, I understand that knowingly furnishing false information regarding my housing status is a violation of the university Code of Student Conduct.					
Student Signature Date:					
RESIDENCE LIFE AUTHORIZATION					
Profe	essional Staff Member		Date:	Deny Approve	
RESIDENCE HALL CHECK OUT					
Resident Assistant Checkout Date:					
Keys Returned Yes No Room Damages Yes No					
ADMINISTRATIVE SERVICES PROCESSING					
Residence Life Staff Date:					
Meal plan Cancelled Banner Checkout Mail Forwarding Address Confirmation with the Business Office					