

FIRST-YEAR HOUSING EXEMPTION PETITION

The Department of Residence Life & Housing allows residents who feel they should be exempt from the on-campus housing requirement the ability to submit a petition for consideration in circumstances not outlined by the exemption requirements. The petition is reviewed on the 1st and the 15th of each month and can take up to 30 days for a decision once all documents have been received. Students must complete the steps listed below for consideration.

INCOMPLETE PETITIONS WILL NOT BE REVIEWED.

Petitions should be placed in a sealed envelope addressed **ATTN: Housing Operations**. Submissions are received inperson at the Housing Operations office located at the **La Plata House**, Monday-Friday from 8am-5pm or by email at **housing@uccs.edu**. Email submissions must be in PDF form to ensure reader compatibility.

Petition Checklist and Documentation

	PLEASE READ AND COMPLETE ALL REQUIREN <u>INCOMPLETE PETITIONS</u> 1		CUMENTATION.	
Student Inform	· · · · · · · · · · · · · · · · · · ·	THE THE PERCENT OF TH		
First Name	Last Name	Student ID		
Petition Checkl	<u>ist</u> :			
☐ Comple	eted Petition Form			
 Clear Personal Statement – written by the student Explain rationale for why you should be exempt from the first year on-campus living requirement. Detail where you will live if exempt (who you will live with, how far from UCCS campus) Describe the documentation provided with your petition. 				
☐ Provide applicable documentation to support your reason for exemption.				
can include fii circumsta	Supporting Do by not be finalized within 30 days if the Comm nancial statements, official medical DSM or ICI nces, or written statements from individuals of rinted; photos of documents will not be acce	ittee requests additional doc D diagnosis codes, or anythir ther than the student. Docu	ng that will furthe mentation must l	er clarify your be clearly
that if this peti	that submission of this petition does not gua tion is denied, I shall honor the first year on-c ado Springs. I shall remain responsible for co g.	ampus living requirement a	s outlined by the	University of
Student Signat	ure	Date	/	_/
FOR OFFICE	USE ONLY:			
Date Received	Date Decision Finalized		Granted	Denied
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