CONCORDIA UNIVERSITY IRVINE

The Office of Housing Services | 1530 Concordia West | Irvine, CA 92612
Phone 949.214.3044 | www.cui.edu/studentlife/livingoncampus

2012–2013 Off-Campus Housing Appeal Form

Concordia University Irvine requires all full-time undergraduate students who will be **21 years of age or younger** as of Saturday, August 18, 2012 (for students who will be enrolled in fall semester classes) to live in on-campus housing. Students who will be 21 years of age or younger and who desire to reside off-campus must appeal this requirement.

The University will consider a request from a student to release him/her from this requirement if the student encounters a severe financial, physical, or emotional hardship which would be exacerbated by living on campus and cannot be remedied by alternative means. Licensees must fill out this document and submit it to the Office of Housing Services (located in Sigma Square room 154) with **supporting documentation** for consideration. Appropriate documentation is that which demonstrates the authenticity of the circumstances for which a resident is requesting an appeal of the University's on-campus housing requirement. Examples of appropriate documentation might include: marriage certificate, bank statements, tax documents, medical documentation, employer statements, registrar documentation, etc. **Failure to submit supporting documentation will result in the denial of your request.** In addition, all requests must be accompanied by a letter (use reverse side of this form) from the resident submitting the request explaining the reasons for his/her request.

An Off-Campus Housing Appeals Committee reviews all off-campus housing appeals on a bi-weekly basis. Appeals are review on an individual basis. The committee will carefully deliberate your case using your appeal documents and other University information (i.e. FAFSA data from the Financial Aid Office). The committee will determine if your case substantiates a claim of severe hardship and will approve or deny your appeal at its discretion. Students who are under the age of 18 when appealing must also submit a letter from a parent or guardian indicating the latter's awareness of and consent to the appeal to live off-campus.

Living with Parent: Students who wish to live at home with parent(s)/legal guardian(s) are allowed to do so, but must submit this form and have it approved. Note: no documentation is needed in this case and it will not be reviewed by the Off-Campus Housing Appeals Committee. However, the Parent/Legal Guardian Notification & Signature section **and** the Financial Aid Information section **must** be completed (see bottom of the page and reverse side). Once received, the Office of Housing Services will contact the parent/guardian listed on the form and confirm that the appealing student is living with the parent/guardian.

Email and phone requests will not be accepted in lieu of this form. **Off-Campus Housing Appeals must be submitted on or before August 3, 2012 for consideration.** Appeal submissions after the deadline date will not be accepted. Results of the Off-Campus Housing Appeals Committee decision will be emailed to the requesting student's Eagles email account.

Submit this form to: The Office of Housing Services, Sigma Square, 1st Floor, Room 154. Should you have any questions, please contact the Office of Housing Services at 949.214.3044.

REQUESTOR INFORMATION

(Please Print Clearly)

NAME/LAST: FIRST: MI: CONCORDIA STUDENT ID NUMBER:

BUILDING: UNIT: EMAIL ADDRESS:

DATE OF BIRTH: / / GENDER: ☐ MALE ☐ FEMALE CELL PHONE: ( )

CURRENT CLASS STANDING: ☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR ☐ GRADUATE ☐ NEW TRANSFER STUDENT: ☐ YES ☐ NO

Are you a member of an official Concordia University athletic team: ☐ Yes ☐ No If yes, what sport?

PLEASE SELECT THE APPROPRIATE OPTION BELOW

☐ I am appealing the residency requirement and if approved will be residing with a parent, legal guardian, or family member for the entire 2012–2013 academic year at the address provided below.

☐ I am appealing the residency requirement and if approved will **not** be residing with a parent, legal guardian, or family member for some portion of the 2012–2013 academic year.

In the space below, please designate the address where you will be staying if approved:

MAILING ADDRESS:

CITY: STATE: ZIP CODE:

FINANCIAL AID INFORMATION

All applicants are required to meet with a representative of financial aid prior to submitting their requests. Living off-campus changes how the federal government and Concordia University Irvine calculate financial aid and may change how much financial aid you are eligible for.

NAME OF FINANCIAL AID COUNSELOR:

SIGNATURE OF COUNSELOR: DATE:

DATE RECEIVED: BY:

PLEASE INDICATE THE REASON(S) FOR YOUR REQUEST BELOW:

(Please attach additional sheets as necessary)

STUDENT NOTIFICATION AND SIGNATURE

By signing on the line below you are certifying all the information provided on this form is true and accurate to the best of your knowledge. False information provided by the student involved and/or others about the student may result in disciplinary action and/or other consequences for the student requesting this cancellation.

The Office of Residential Education and Services will correspond with the student in regards to this appeal via the student's Eagles e-mail account. It is the responsibility of the student to check this e-mail to ensure timely processing of the appeal.

SIGNATURE OF STUDENT: DATE:

PARENT/LEGAL GUARDIAN NOTIFICATION AND SIGNATURE

(Required only if you will be living with a parent/legal guardian)

By signing on the line below you are verifying that the student named on this form will reside at your residence and will continue to do so throughout the entire 2012-2013 academic year if this request is approved and that you are a parent/legal guardian of this student. False information provided by the student and/or person who signs underneath may result in disciplinary action and/or other consequences for the student requesting this appeal.

NAME OF FAMILY MEMBER:

SIGNATURE OF FAMILY MEMBER: DATE:

RELATIONSHIP TO STUDENT: TELEPHONE: EMAIL ADDRESS:

DATE RECEIVED: BY: