



New Student Residency Requirement Appeal Form

Student Name: _____ Student ID#: _____

E-mail Address: _____ Phone#: _____

Incoming Students

This letter serves as my official written notice to appeal the SFAI Housing Requirement. I am appealing the Housing Requirement for the following reason:

- I am over the age of 20 – copy of driver’s license / birth certificate required
- I am married and/or I have dependents – marriage license / dependant birth certificate required
- I have a documented medical reason – documentation must be provided
- I will be living with parents within 30 mile radius of SFAI – letter from family member and proof of address must be provided
- I am a former member of the US Military - proof of military service must be provided

Student Signature: _____ Date: _____

Current Students:

This letter serves as my official written notice to appeal the SFAI Housing Requirement. I am appealing the Housing Requirement for the following reason:

- End of Student status
- Marriage – marriage certificate required
- Hardship or extraordinary circumstances occurring subsequent to the signing of Residence Agreement determined in the sole discretion of SFAI, to be beyond the control of the Resident – documentation will be required showing the hardship or extraordinary circumstance
- Other – Please explain below (attach additional sheet if necessary):

Per the Residence Agreement

A request to cancel the Residence Agreement following the move-in date requires a written notice prior to the date that the Resident intends to vacate the facilities. If the request is approved, the Resident has five days to vacate the facility. A Resident whose request is approved will forfeit their \$450.00 housing deposit and will be charged an \$800.00 Early Termination Fee. The Resident shall also owe an amount equal to a prorated charge for each day from the move-in date through the established move out deadline unless otherwise indicated in other parts of this Residence Agreement.

Student Signature: _____ Date: _____

Please attach all required documentation to this form prior to turning it in.

Office use only:	Date Received: ____/____/____
Housing Appeal Decision	Prorated Amt Charged to Student: \$ _____.
___Approved ___Denied ___Further Documentation Needed	Amt Due Back to Student: \$ _____.