

# PETITION TO ALTER/TERMINATE HOUSING CONTRACT



Housing and Residential Life  
The University of Michigan-Flint  
375 Harding Mott University Center  
Flint, Michigan 48502-1950  
Telephone: 810-237-6571  
Website: <http://www.umflint.edu/housing/>

UM-Flint ID#: \_\_\_\_\_ Name \_\_\_\_\_  
(Last) (First) (M.I.)

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ UM-Flint e-mail address: \_\_\_\_\_

Residence Hall Room#: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

This request is to alter or terminate: \_\_\_ Contract \_\_\_ Board \_\_\_ Semester: \_\_\_ Fall \_\_\_ Year  
\_\_\_ Winter  
\_\_\_ Spring  
\_\_\_ Summer

Please check the primary reason for your petition and make sure that all appropriate documentation is attached to the petition.

\_\_\_ University Withdrawal/Leave of Absence  
\_\_\_ Graduation (What Semester?) \_\_\_\_\_  
\_\_\_ Marriage (Date) \_\_\_\_\_  
\_\_\_ Study Abroad/Internship (Program?) \_\_\_\_\_  
\_\_\_ Medical/Psychological  
\_\_\_ Financial  
\_\_\_ Other: \_\_\_\_\_  
(Specify)

## DOCUMENTATION:

This petition will not be reviewed if the documentation provided is incomplete or otherwise deemed by the Housing and Residential Life (HRL) Board as inadequate to permit a final decision.

The HRL Board may: request further documentation, contact and consult with other University departments and staff members, including: Resident Advisors (RAs), Hall Director, Financial Aid Office, Urban Health and Wellness, Counseling and Student Development Office.

## YOUR CURRENT CONTRACT

HRL contracts are legally binding for the entire term of the contract unless you are no longer a registered student at the Flint campus of the University of Michigan or unless the HRL Board grants a petition to be released from the contract. Petition approvals are **not** automatic and are granted only when the HRL Board determines that circumstances explained in the petition are substantially different than at the time of the original contract signing.

## REVIEW BOARD DECISIONS:

You will be informed of the outcome of this petition after a decision has been made by the HRL Board. You are financially responsible for all room and board charges until you have been approved and either checked out of your residence hall (if contract termination is approved) or your board plan is altered or terminated.

All information provided in this petition is understood to be confidential and will not be shared with parents or guardians without your prior approval.

Decisions regarding petitions are made at weekly board sessions. When reviewing a petition, the Board will carefully review the documentation you supply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# REASONS THAT SUPPORT CONTRACT TERMINATION AND FULL/PARTIAL BOARD REBATES



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## **CONTRACT TERMINATION**

### **1. University Withdrawal or Leave of Absence**

Submit a copy of the withdrawal form provided by the Registrar. Completing the withdrawal process from your academic classes **does not** automatically release you from your residence hall contract and vice versa.

### **2. Graduation**

Indicate expected date of graduation. Verification must be provided by the Registrar and you cannot be enrolled in classes during any remaining portion of your contract.

### **3. Marriage**

Submit a copy of your marriage certificate or submit a letter from the member of the clergy or civil authority performing the marriage that includes name and wedding date. In the latter case, the marriage certificate must be submitted within 10 business days of the wedding.

### **4. Study Abroad**

Submit a copy of the confirmation of your attending Study Abroad program.

### **5. Medical or Psychological**

In addition to the first page of this form, submit **Medical/Psychological-Related Petition to Terminate Housing Contract**, completed by you and your medical/health care provider. This form asks for documentation of why you cannot live in an on-campus residence hall.

### **6. Financial**

Submit **Supplemental Financial Statement**, completing all sections, documenting specifically how your financial circumstances have changed substantially from the time you signed your contract.

### **7. Other**

Your reasons for petitioning the Housing and Residential Life (HLR) Review Board do not fit any of the specified categories. You must submit the **Additional Statement** sheet as part of the documentation of your petition. If your petition involves extenuating circumstances related to your current residence hall occupancy you must discuss your situation with a Resident Advisor (RA) and your Hall Director before submitting your petition.

## **BOARD REBATES**

### **8. Dietary Requirements**

If you are requesting full or partial reduction of your meal plan due to dietary requirements you must first meet with the Director of Auxiliary and Recreation Services by calling 810-766-6648. This meeting will be to discuss whether Dining Services is able to meet your needs through modifications in food preparation by Dining Service staff. You may need to provide written verification from your physician of any medical problems that necessitate specific dietary requirements, including severity of problem, duration of treatment, and specific diet you must follow. If granted, you will receive a 70% meal rebate from the date you submit your petition.

# PETITION TO ALTER/TERMINATE HOUSING CONTRACT – ADDITIONAL STATEMENT



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Date: \_\_\_\_\_

UM-Flint ID#: \_\_\_\_\_ Name \_\_\_\_\_  
(Last) (First) (M.I.)

Please state and explain your reasons for requesting termination of your contract. If this petition involves circumstances related to your current residence hall occupancy, it is expected that you will have discussed your situation with your Resident Advisor and the Hall Director before submitting this petition. Space is provided on the reverse side for your comments, which are required as part of this petition. (See item 7 of **Reasons That Support Contract Termination and Full/Partial Board Rebates**).

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Student Signature: \_\_\_\_\_

UM-Flint E-Mail Address: \_\_\_\_\_

# RESIDENCE HALL COMMENTS



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## Resident Advisor Comments (optional):

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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## Hall Director Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_