

**Illinois State University
University Housing Services**

EXEMPTION APPEAL REQUEST FORM
(Request to have a denied appeal reviewed by the Appeals Review Board)

To appeal, please complete the form below and submit it along with your written statement and any supporting documentation you want the Review Board to consider. The Review Board meets monthly. Submit all documentation to University Housing Services by the 15th to have your appeal heard by the board that month. Decisions on appeals will be made within 45 days of receipt.

The above deadline is firm. If all your documents are not submitted by the deadline, your appeal will not be reviewed until the next review session or will be reviewed without supporting documentation. The appeal deadlines will not be adjusted to meet personal deadlines. You are strongly advised NOT to sign a lease until your appeal has been reviewed and unless you are granted an exemption from University Housing Services in writing.

Name _____ UID: _____

Address _____

Phone No. _____

Academic Year/or semester(s) Exemption requested for:

Fall & Spring _____ Spring Only _____
(years) (year)

I wish to be present when the Board reviews my appeal. Yes No

To the best of my knowledge, the information supplied on and with this request is true and accurate.

Signature _____ Date _____

Exemption Appeal Requests must be sent to:

Exemption Appeals Board
University Housing Services
Campus Box 2600
Normal, IL 61790-2600