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: $_________.____