

SUFFOLK UNIVERSITY ~ DEPARTMENT OF RESIDENCE LIFE AND SUMMER PROGRAMS

150 Tremont Street Boston, MA 02111
phone: 617-305-2500 fax: 617-305-2504 email: reslife@suffolk.edu

FOOD AND HOUSING PETITION FORM

Please print legibly.

NAME: _____ ID#: _____

CAMPUS ADDRESS:

E-MAIL: _____ *We will be communicating via e-mail, so please list an address that you check regularly.*

TELEPHONE : _____

DO YOU WISH TO BE PRESENT AT THE HEARING? YES _____ NO _____ *(Failure to indicate yes or no will result in NO hearing appointment, but your petition will be reviewed by the Board.)*

1. I am petitioning for (check all that apply):
_____ Release from Housing Agreement (including meal plan) effective (date): _____
_____ Release from the Meal Plan ONLY effective (date): _____

2. I am petitioning for the following reasons (check all that apply):
_____ Financial Inability _____ Medical Inability _____ OTHER(Specify): _____

3. **On an attached sheet**, please expand on the reasons for your petition and/or provide necessary information for the Board to consider in reviewing your petition.

4. I have completed the following information necessary to the processing of this petition:

FINANCIAL PETITION: Substantial documentation is provided and I have spoken with a Financial Aid representative.

MEDICAL PETITION: Substantial documentation from attending doctor (someone you are currently under treatment with) addressing why you should not live in a residence hall.

FOOD PETITION: Substantial documentation regarding your medical condition and detailed diet plan.

I have received and understand the information included in the petition packet and give the Housing and Food Petition Board permission to discuss any confidential information that may pertain to my request for withdrawal from my housing and/or meal plan contract.

SIGNATURE: _____ DATE: _____

SUBMIT THIS PAGE WITH ALL SUPPORTING DOCUMENTATION TO THE RESIDENCE LIFE AND SUMMER PROGRAMS OFFICE.