

**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 that you want the Review Board to consider. The Review Board meets four times per year. When submitting your appeal please be aware of the following deadlines:

To ensure review of your appeal by:

March 1, you must submit all appeal information by February 1.

May 1, you must submit all appeal information by April 1.

August 1, you must submit all appeal information by July 1.

December 1, you must submit all appeal information by November 1.

The above deadlines are firm; no appeals will be reviewed between the above dates. If all your documents are not submitted by the deadline, your appeal will not be reviewed until the next review session or it 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 in writing from University Housing Services.

-----  
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

The information supplied on and with this request is, to the best of my knowledge, 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