Housing & Residential Life

Appeal Request

Last Name: ______________________________ First Name: ______________________________

BSU ID #: ______________________________ Phone: ______________________________

Room Assignment: _______________ Email Address: ___________________________@live.bemidjistate.edu

Policy being appealed:

☐ Prepayment ($150) ☐ Prepayment Refund

☐ Residential Living Requirement ☐ Minimum Credit Requirement

☐ Date to Change Meal Plan ☐ Meal Plan Requirement

☐ Damage Charges

☐ Other: ________________________________________________________________

Please give specific information supporting why you feel you should receive an exemption to the Housing & Residential Life policy (you may attach the details on a separate sheet):

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

All information on this form is true and complete to my knowledge. I understand that falsification of information may lead to my appeal being denied. I understand that this is only a request and needs to be approved by Housing & Residential Life in order for me to be released from the appealed policy.

______________________________________________  ________________
Student’s Signature  Date

Appeals are to be sent in writing by delivering this form to the Department of Housing & Residential Life Office or by email to reslife@bemidjistate.edu. Appeal decisions are determined on an individual, case-by-case basis.