

RETURNING STUDENT PETITION FOR OFF-CAMPUS HOUSING

Name:									
	(La			(First)	(M.I.)	Date of birth:	month/day/year	y/year
-	Hall		Room#:		Campus	Mailbox	#:	Student	ID
Home Ph	one#:			Cell Phone	#:	E	mail:		
Degree:						Expected G	Fraduation Year <u>:</u>		
Home Ad	ldress:								
		(S	treet)					1	
			(City)		(State)		(Zip Code)		_
DOCUM	ENTA'	ΓΙΟΝ	IS REQUI	RED! Attach	all required	documenta	tion to this form v	when submitted	•
to the best o	of my k on and	nowle	dge. I unde	rstand that prov	nd in the atta	ding and /o	nentation to be ac r incorrect inforn and CMA Corps	nation will void	my
Print Na	Print Name of Applicant				Applicant Signature			Date	
Questions	s may b	e direc	ted to Hous	ing & Residentia	l Life at 707-0	654-1400 or	Housing@csum.ed	du	
				(For	r Office Use Or	nly)			
	Receive ments/F			ceived By:	[]A _I	oproved []	Denied Effective I	Date:	
			CMA Auxilia	ary Services Professional Staff	Date of	f Decision	Date of Notice	-	

NOTE:

All completed Off-Campus Housing Petition Forms and required documentation from returning students must be submitted to the Housing & Residential Life Office no later than **March 1**st. Exceptions to the residency policy will not be considered after June 1st. Off-campus approval cancels all room reservations and wait list priority standings.