



# Office of Student Housing and Residence Life

## Cameron University: Part-Time Student Housing Request Form

Completing this form does not guarantee approval for University Housing. All requests will be reviewed by the Director of Student Housing and Residence Life. Approval is based on factors including, but not limited to, conduct history, bursar balance, and the reason for part-time status. Only students in good standing, as determined by the Director of Student Housing and Residence Life, may be eligible to reside in University Housing. Upon receiving the written request and supporting documentation for a release, SHRL will review your request and respond in writing within **five (5) business days**

### Student Information

Full Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Term (Fall/Spring): \_\_\_\_\_

Current Number of Credit Hours for the Term) \_\_\_\_\_

### Why are you a part-time student?

(Please explain the reasons you are currently enrolled as a part-time student, including personal, academic, or health-related circumstances.) Additional, please attached any documents.

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Do you currently have a bursar balance?

Have you had any conduct issues in the past?

If "Yes," please briefly explain:

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### Certification and Acknowledgement



## Office of Student Housing and Residence Life

By submitting this form, I acknowledge and certify the following:

1. I am requesting approval to reside in University Housing as a part-time student and understand that my application will be reviewed by the Director of Student Housing and Residence Life.
2. I understand that approval is not guaranteed, and the Director of Student Housing and Residence Life will consider factors such as my conduct history, bursar balance, and the reason for my part-time status.
3. I am aware that I must be in good standing with the University in order to be considered for housing approval.
4. I certify that all information provided in this form is accurate and complete to the best of my knowledge.
5. I understand that providing false or incomplete information may result in my application being denied.
6. If approved for University Housing, I agree to abide by all the terms and conditions and outlined by Cameron University – Office of Student Housing and Residence Life.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Request Is:  Approved  Denied

Notes:

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Director of SHRL: \_\_\_\_\_ Date: \_\_\_\_\_

Response Sent: \_\_\_\_\_