



EASTERN OREGON  
UNIVERSITY

**Residence Life Contract Modification Form**

*This form is to be used to request a modification of a specific provision of the Eastern Oregon University Residence Life Office Room and Dining Contract. Please fill out this form in its entirety and return it to the Residence Life Office in the Hoke Union Building Rm. 216. It will be reviewed and you will be notified as to the decision regarding your petition.*

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

Residence Hall: \_\_\_\_\_ Room Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. From what provision of the contract are you requesting a Modification?
  
  
  
  
  
  
  
  
  
  
2. What are the factors you believe should be taken into consideration in making a decision regarding your request? (Please attach any supporting documentation to this form. If the space is insufficient, feel free to attach a separate page)

I attest that all of the information provided on and in connection with this request is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

*For Office Use Only*

Reviewed by: \_\_\_\_\_

Approved: \_\_\_ Denied: \_\_\_