

OFF CAMPUS HOUSING REQUEST FORM
OFFICE OF STUDENT ~~AF~~ , WHEELING UNIVERSITY

Student Signature: _____ Date: _____

Dean of Students:

Signature: _____

Date: _____

Office of Student ~~AF~~ Use Only

Date Received: _____ Address Verification Completed Miles from WU _____

Reviewed by: _____ Date Reviewed: _____

Final Decision: -Approved Declined

Notification sent to:

Student ___ Business Office ___ Financial Aid ___ Registrar ___ Enrollment ___ Athletics ___