ROOM DAMAGE APPEAL FORM

STUDENT INFORMATION

Name: ____________________________ Date: ____________________________

Student ID #: ____________________________

Residence Hall: ____________________________ Room: ____________________________

Phone Number: ____________________________

E-mail Address: ____________________________

INSTRUCTIONS

1. Send to: Bridgewater College
   Attention Room Damage
   Box 12
   Bridgewater, Va. 22812
   or
   Fax: 540 828-5693

2. Please make sure to complete all areas of the form

3. Please note that personal room damages are appealable- hall or dorm wide damages are not.

4. If you are claiming that another person is responsible for the damages, you must attached a signed letter from that person claiming full responsibility.

APPEAL INFORMATION

I would like to request an adjustment to my student account for room damages because:

By signing this appeal form I understand that I am accepting responsibility that the information I have given is honest and to the best of my knowledge. I also understand that by completing the form, it does not mean that the appeal will be approved automatically.

Signature: ____________________________ Date: ____________________________

Office Use Only: Staff Member Receiving Appeal: ____________________________ Date: ____________________________

Complete the following:

Appeal Granted?

Yes

Rationale: ____________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

No

Rationale: ____________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Signature: ____________________________ Date: ____________________________ Follow-up to student date: ____________________________