

HARDSHIP PARKING PERMIT APPLICATION

Please read the attached instructions and remit this completed form with the required documentation. Incomplete applications or those without proper documentation WILL NOT be reviewed.

| Date of Birth: | | | | |
|------------------------------|---------------------------|--------------------|------------------|--------|
| | (MM/DD/YR) | WCU Email: | | |
| Home Address: | | | | |
| Street | | City/State | | Zip |
| Campus Address: | | Cell | Phone: | |
| Credits Completed: | Academic M | ajor: | | |
| Reason: Academic | _ Medical | Financial | Military | Other |
| | Semester Request: | Spring | OR Fall | |
| Please explain in DETAIL why | it is necessary for you t | o have a motor veh | nicle on campus: | |
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| ****** | ****** | ***** | ***** | ***** |
| Parking Manager: Ashley Arr | оуо | Approved | | Denied |
| Signature: | | Date: | | |
| Comments: | | | | |
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INSTRUCTIONS

On-Campus students who have not earned 30 credits at WCU prior to the beginning of the fall semester regardless of how many semesters they have been enrolled may apply for a hardship parking permit.

Hardship Parking Permits are only valid for one semester and students must reapply and provide updated documentation each semester.

Students applying for a Hardship Parking Permit may not bring a vehicle to campus until having been approved for, and having picked up the permit in the Parking Office.

All students requesting a Hardship Exception will be notified via WCU campus email regardless of whether the request was approved or denied within ten business days of the receipt of the appeal.

First Year Residents who wish to appeal the parking regulations that prohibit them from parking in University parking lots must submit the following documents to the University Parking Services Office;

- 1. Medical
 - A signed and dated physician's statement on his/her letterhead detailing why the student's condition cannot be treated by a local physician or prescription cannot be filled at a local pharmacy.
 - The physician's statement must include the frequency and duration of treatment.
- 2. Financial/Employment

• A signed and dated statement on the employer's letterhead or a notarized note certifying the nature of the position and verifying the student's employment throughout the specific semester for which the student is applying.

3. Academic-Related

• A statement from the student's professor, department chairperson or academic advisor attesting to the offcampus academic-related activity (e.g., internship, pre- student teaching, observations, classes, etc.) including the total number of hours of that activity during the semester in which the student is applying.

4. Military

• A signed and dated statement on military stationery which must include the student's name and training/reserve schedule.

- 5. A signed and notarized letter from a parent or guardian granting permission for the student to have a vehicle on campus is required. In lieu of the parent/guardian letter, a requester may provide documentation of financial independence and sole ownership of the vehicle to be registered.
- 6. A copy of the registration for the vehicle to be registered. The vehicle must be registered to the student or an immediate family member of the student.

Hardship parking will only be granted for R lot, East of Farrell Stadium on Stadium Rad. Abuse of the Hardship Parking Permit may result in parking fines, towing of the vehicle, loss of parking privileges and being reported to the Office of Student Conduct and Community Standards. Contact the Parking Office at 610-436-3345 with any questions.

PLEASE RETURN THIS COMPLETED FORM ALONG WITH THE APPROPRIATE DOCUMENTATION TO: WCU Parking Services 690 S. Church St, West Chester, PA 19383 Room 34 Or Fax to 610-436-3142 Email: Safety@wcupa.edu

Submission of the proper documentation does not guarantee that the hardship request will be granted.