**Form for Appealing a Denied Dormitory Request**

**Last name:** Click or tap here to enter text**First name:** Click or tap here to enter text

**ID #:** Click or tap here to enter text **Phone number:** Click or tap here to enter text

**Phone number:** Click or tap here to enter text

**Family Status:**

Single (male)  Single (female)  Couple  Couple with child(ren)

**Reason for Appeal (mark with an X):**

(Relevant documentation for the appeal must be attached)

Financial problems

Medical problems – attach documentation from the Technion clinic

Extra semester(s)

First-degree relative with an illness

Emotional**/**psychological problems

Ownership of the apartment

Briefly state the reason for the appeal (up to 5 lines).

Please note that requests for appeals are based on the following: distance from the Technion, financial independence, a study environment that facilitates learning.

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