Campus Residency Requirement Compliance/Exemption Request

STUDENT INFORMATION:						
Please fill out completely						
Name:	_	Student ID#				
Last First Middle		Cell phone #				
Date of birth:		Email address:				
Current address:		Permanent address:				
City State Zip	_	City		State	Zip	
Are you currently living in the UMR residence halls? yes	no	If yes, what hall/room#:_				
Registering for fall semester 20(year)						
COMPLIANCE						
Fill out this section if you are using option 2 or 3 to comply with	the live-	on requirement.				
I request to comply with the live-in policy in the following way:						
Option 2: Commuting from the home of a						
(Commuting distance is defined as being w Option 3: Commuting from home as an er						
(Documentation which verifies legal eman	icipated statu	s must be attached.)				
Printed name of parent/guardian	ame of parent/guardian Phone number where parent/guardian can be reached					
Printed address of parent/guardian:						
Address		City	State	Zip		
Student signature		uardian signature confirming stud		the above		
D-1-	priysicar	address/residence for the entire	academic year			
Date						
EXEMPTION	•		- f th - f - H -			
Fill out this section to request an exemption to the live-on requ student for exemption:	irement.	-or students under 20 years	or age, the folio	owing situat	tions quality a	
Option A: Married student requesting an	exemption	n. Copy of marriage license a	ttached.			
Option B: Student with child requesting an exemption. Copy of child's birth certificate attached. Option C: I have lived in university-approved housing for two or more semesters not including summer. Proof of						
residency (assignment letter, co		•	s not including 3	diffiller. I To	001 01	
Option D: I have earned junior level class s		•				
Option E: I will have completed a spring so semester.	emester a	t UMR and lived in University	y-approved hou	sing for the	entire	
Special Circumstances : to request a Special Circumstances exem circumstances. Release from the residency requirement is not gu		•		•	f your	
All copies of this form should be completed and mailed to the Gemailed to rhousing@r.umn.edu. Please submit this form by UMR. Failure to do so PRIOR to making other living arran	June 1 pri	or to the start of the fall ser	nester in which	you plan o	n attending	
FOR OFFICE LISE ONLY.						

FOR OFFICE USE ONLY:

Date received/initials: ______ Date approved/initials: ______ Date entered in Unit Table: ______

Student notified of decision date: ______

Hold date: Placed: _____ Informed: _____ Date: _____

Removed: ____ Informed: _____ Date: _____