



RESIDENCY EXEMPTION APPLICATION

Student Full Name: _____ Student ID: _____

Mailing Address (city/state/zip): _____

Cell Phone # _____ BW Email: _____

Do you have an on-campus housing assignment reserved for next semester? NO YES

Current Class Status: Freshman Sophomore Junior Senior (number of credits: _____)

This is an *application* for an exemption from the University's 2-year live on requirement for full time, undergraduate day students. You will receive a written response from the Office of Residence Life as to the status of your request. Falsification of information or signatures provided on this form will result in the invalidation of the residency exemption, disciplinary action, and responsibility for cost of room and board for time required to live on campus. Documentation is required for exemptions "b" through "f."

Students can request a residency exemption if they meet one or more of the criteria listed below (please check all that apply):

- ____ a. Student will be 21 years or older prior to September of this academic year. **(Will be validated with University record.)**
- ____ b. Student is married, divorced or widowed. **(Include copy of court-certified marriage certificate.)**
- ____ c. Student is a single parent with a dependent child. **(Include official copy of child's birth certificate.)**
- ____ e. Student has one or more years of active duty in the military. **(Include copy of DD214.)**
- ____ e. Student has lived on a college campus for 4 consecutive semesters. **(Include letter from previous college or university verifying residency.)**
- ____ f. Student resides with parent or legal guardian at their permanent address.*
(Parent/guardian signature required below. Additionally application must be notarized to be considered.)

SEAL

Signature of Notary Public

Name of Notary Public (print your name)

- ____ g. Student has documentation from a medical professional indicating a medical necessity to live off campus (for those students with a permanent address outside of the 50-mile radius).

Please provide a brief narrative as why you have chosen to live off campus: _____

I understand that if I am applying for exemption due to residing with a parent or legal guardian and should move from their address, which is listed above, I will be responsible for notifying the Office of Residence Life in writing immediately so that the appropriate housing application may be sent to meet my new circumstances. I have read the Housing Requirement policy and understand that a violation of the policy could result in disciplinary action including housing costs being billed to my account.

Signature of Student

Date

***For those requesting exemption for residing with a parent or legal guardian, the following must be completed:**

The above named student is my son/daughter/legal ward appointed by a court, who will reside at my principal residence (listed above) while attending Baldwin Wallace University. As an occupant of my principal residence, she/he will commute daily to classes at Baldwin Wallace from this address.

*Signature of parent or legal guardian

Date