Residency Requirement Waiver Application

Office Use Only			
	Yes/No	Date	Initial
Approved			
Denied			

	Date	Yes/No
Verification		

Notes:

Name: _____

Student ID: _____

Current Address: _____

_____
City State Zip Code

Current Telephone: (____) _____
(or number where we can reach you)

Home Address: _____

_____
City State Zip Code

Home Telephone: (____) _____

Check appropriate items:

☐ Fall Semester
☐ Spring Semester

☐ Returning Student
☐ New Student

If returning student, give Housing Assignment:

_____
Residence Hall Room #

_____
Campus Phone

Check reason for applying:

☐ A. Living with parents or legal guardians in parents' or legal guardians' home
(verification by parent or legal guardian necessary).

☐ B. Married.

☐ C. Twenty-four (24) years of age or older (during semester of application).
Date of Birth: _____
Month/Day/Year

☐ D. Enrolled in eleven (11) or less credit hours.

☐ E. Needs that cannot be met by any of the housing options on campus.
Please attach written supporting documentation for option E, including (*if necessary*) financial documents representing changes in financial situation (IE: tax statements, financial aid reports, family financial changes, etc.)

Waiver applications must be received by the Office of Residence Education thirty (30) days prior to the first day of classes in the semester you are applying to live off campus.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Parent or Legal Guardian Date

_____ _____
Print Parent or Legal Guardian Name (legibly please) Phone Number to Verify

Please return completed application and written documentation (if necessary) to: Director of Residence Education
P.O. Box 1000
Ferrum, VA 24088