

This form must have all required documentation attached. The form will be returned to the student if all materials are not included.

Please allow up to 21 days for decision to be communicated. You are advised not to make any other plans until your request has been reviewed and a decision has been made.

UNIVERSITY HOUSING REQUIREMENT EXEMPTION

UNIVERSITY HOUSING RESIDENCY REQUIREMENT

The Department of Housing and Residential Life (DHRL) at Texas State University-San Marcos is an educational and business enterprise of the University. The role of the DHRL is to support the academic mission of the University through the provision of on-campus housing. Therefore, in support of the educational mission of the University, and the value of the on-campus residential experience, **all students who are under the age of 20, with less than 42 college credit hours (by September 1st for fall or January 1st for spring) are required to live in on-campus university housing.**

Student Last Name	First Name	M.I.	Texas State University Student I.D.
Student Email Address (Prefer Texas State email; personal email prior to enrollment)			Date of Birth (mm/dd/yyyy)
Permanent Home Street Address			Current Age
City			Academic Year 2009/2010 OR Spring 2010 Only Circle One
State			Student Cell Phone Number
Zip			
Student Permanent Telephone Number			

Please review information on front and back of this form, and then indicate the reason for this request below:

- I will reside with my parent(s) or legal guardian(s) within a 60-mile radius of the San Marcos campus.
Please initial each of the following statement, indicating your agreement:
 - _____ I understand that only a parent or legal guardian will be considered for this exemption.
 - _____ I will live exclusively at the address indicated on the documentation for the entire academic year.
 - _____ I have attached a copy of my birth certificate with my parent's name displayed to prove the relationship.
 - _____ I have attached a copy of my driver's license to prove residency with my parent(s).
 - _____ My parent(s) or legal guardian(s) have completed the reverse side of this form and attached documents, including a copy of the parent/guardian driver's license, as well as a copy of the guardian's legal custody document
 - _____ I understand the University may conduct periodic checks to verify student residences throughout the year.

- I am married or am a single parent (circle appropriate item). I have attached a copy of my marriage certificate or my child's birth certificate.

- I will have completed 42 college credit hours by September 1 for fall admission or January 1 for spring admission. I am submitting a contract and understand it will be activated if I fail to complete these hours. I have included a copy of my transcripts and understand that a verification of completion of credits will be conducted after September 1st.

- I have a medical-, psychological- or disability-related condition (circle appropriate item) and have attached all required documentation.
Please initial each of the following statement, indicating your agreement:
 - _____ I understand that by requesting an exemption based on one of these conditions, my request will only be granted if Texas State University is unable to accommodate my needs in one of its on-campus residence halls or apartments.
 - _____ I have reviewed the web page, which outlines the process for requests and provides information concerning the required documentation (see the website at: <http://www.ods.txstate.edu/Student-Resources/Services/Procedures-for-Housing.html>) and have attached the required medical or disability documentation, as outlined on that Web page.

- I have a financially related issue. I have completed the FAFSA form and have accepted all the awards offered to me. I understand the DHRL will review my financial aid documents in combination with the Office of Student Financial Aid to determine my unmet financial need.

By signing below, I confirm the information provided by me on this form, along with attached documentation, is correct and truthful. I understand that I may be held accountable for information that is misleading, misrepresents my situation, or is not honest. I further understand that I may be required to complete an additional full year of on-campus residency if information is found to be contrary to my certification. This is a request only and does not guarantee exemption. Final approval or denial of request will be presented to student in writing from the director of the Department of Housing and Residential Life or designee

 Student Signature Date

(Please turn over for additional information)

To be completed by staff:

Approved: _____ Disapproved: _____

Initials: _____ Code: _____

Notes: _____

ADDITIONAL INFORMATION TO ASSIST THE STUDENT IN COMPLETING THIS FORM

Exemptions will be granted for the student who:

1. Is residing with the parent or legal guardian within a 60-mile radius of the San Marcos campus.
2. Will be 20 years of age prior to September 1st
3. Has achieved 42 credits prior to September 1st.

Other exemption requests will be reviewed with the understanding that the DHRL is a self-sustaining, self-liquidating agency of the University (receives no tuition or tax support for its operating budget). The department’s goal is to offer the highest quality of basic service at a reasonable cost. Consequently, requests for exemption will be scrutinized for information that may allow the DHRL to accommodate student needs that are in the best interests of both the student and the department.

Students who choose to request consideration for an exemption are required to compile all necessary documentation prior to submitting this form.

1. If the student is claiming financial need as the reason for the exemption, the student must have previously completed all necessary financial aid forms (which allow them to be considered for scholarships, grants or loans). The Office of Student Financial Aid must have completed their processing of those forms (to determine possible additional aid in the form of loans, grants or scholarships) prior to a DHRL review of financial need.
2. If the student is claiming disability needs as the purpose for the exemption, the student must provide documentation of the disability. This will allow the DHRL to determine if the student’s stated accommodation needs can be met in any of the University’s residence halls or apartments. The Office of Disability Services (ODS) will review these documents and make a recommendation to the DHRL. The DHRL will then determine if the needs outlined by ODS can be met.
3. If the student is claiming a medical condition as the reason for the exemption, the student must provide documentation of the medical condition. This will allow the DHRL to determine if the student’s stated accommodation needs can be met in any of the University’s residence halls or apartments. Documents, in the form of doctor’s case notes, from the student’s medical provider must be supplied. The Office of Student Health Services will review these documents and make a recommendation to the DHRL. The DHRL will then determine if the needs outlined by Student Health Services can be met.

REQUEST FOR EXEMPTION TO RESIDE WITH PARENT(S) or LEGAL GUARDIAN(S)

Parents/legal guardians must complete information below. The Student must complete all information on the reverse side of this form. *Please initial each of the following statement, indicating your agreement:*

- _____ I agree that my student will reside in my/our legal residence, which is within a 60-mile radius of the San Marcos campus.
- _____ I understand that only a parent or legal guardian will be considered for this exemption.
- _____ My student will live exclusively at the address indicated on the documentation for the entire academic year.
- _____ I have attached a copy of my driver’s license to prove my student’s residency with me.
- _____ I have attached a copy of my legal guardianship or custody documents (only necessary for legal guardians).
- _____ I understand the University may conduct periodic checks to verify student residences throughout the year.

By signing below, I confirm the information provided by me on this form, along with attached documentation, is correct and truthful. I understand that my student may be held accountable for information that is misleading, misrepresents my situation, or is not honest. I further understand that my student may be required to complete a full year of on-campus residency if information is found to be contrary to my certification.

Parent/Guardian Signature

Date

Please return this form and all related documents to the address below. Please contact us if you have any questions.