Request to be exempted from the Missouri S&T University Approved Housing Requirement
Spring 2020

(This form is for newly admitted students applying to be exempted from the housing contract for the Spring 2020 semester.

Name ____________________________________________  ID# ________________________________

E-Mail Address: ____________________________________  Phone # _____________________________

Undergraduate students attending Missouri S&T are required to live in university approved housing until one of the following requirements are met:

1. Student completes four semesters living in University Approved Housing (not including summer terms).
2. Student completes 60 credit hours of academic work post high school graduation.
3. Student will be 21 years of age prior to the first day of classes for the spring semester.

Exemptions to the Campus Residency policy will be granted to students who can demonstrate that they qualify under one of the following conditions: (Please see next page for information regarding necessary documentation).

1. _____ I am a military veteran with two years of full-time, active military service.
2. _____ I am married.
3. _____ I am a parent or legal guardian with one or more dependent children in custody.
4. _____ I am enrolled and will remain enrolled in 8 or fewer credit hours.
5. _____ I have completed three semesters living in University Approved housing AND have completed at least one semester of a full-time co-op or study abroad program.
6. _____ I will reside with an immediate family member (parent, legal guardian, grandparent or sibling over 21) who has permanent residency within a 30-mile radius.

Exemptions to the Campus Residency policy will be considered for students who meet the following criteria. (Please see next page for information regarding necessary documentation).

7. _____ I have completed two full-time consecutive semesters totaling 32 hours of academic work at Missouri S&T, AND have at least a 3.5 campus GPA each semester, AND can demonstrate significant and active campus participation in a recognized student organization or significant experiential learning experience; AND have not received a sanction of probation, dismissal or suspension related to a violation of the University of Missouri Collected Rules and Regulations.
8. _____ I have a documented health need or consideration which cannot be accommodated in the university residence halls.

Student Signature _____________________________________________________________________________________________

Submission of this form does not imply an exemption will be granted. Response to this request will be communicated in writing to you at your mst.edu e-mail address.

Please see reverse side for documentation required and cancellation fee information.
Documentation Requirements Needed for Exemption Requests

1. **Military Veteran:** Please submit military orders reflecting two years of full-time active military service.

2. **Marriage:** Please submit marriage certificate.

3. **Dependent children:** Please submit birth certificate or custody paperwork.

4. **Part time student:** No additional documentation needed. Records will be verified with Missouri S&T Registrar’s Office and checked throughout the semester. If additional classes are added resulting in more than 8 hours, a residence hall assignment will be made for the student.

5. **Three semesters plus co-op or study abroad:** No additional documentation needed. Records will be verified with the appropriate office.

6. **Residing with Immediate family member:** Please have your family member complete the following. If additional documentation is needed, you will be contacted:

   As a parent/guardian/family member, I verify that my son/daughter/family member will be living with me in at the following address. I also verify that this is my permanent residence and I plan to live in this location on a full time basis:

   Printed Name _________________________________________ Relationship ______________________

   Signature _________________________________________________________________ Date _________

   Address of Residence ____________________________________________

   • Address will be submitted to Google Maps to ensure it is within 30 miles of driving distance from 1870 Miner Circle, Rolla, MO 65401.

   • If address submitted does not match student’s permanent address with the university, additional documentation may be requested.

   • If relationship cannot be verified through University records, additional documentation may be requested. Our office will contact if additional documentation is needed.

7. **Two full semesters plus active involvement:** Hours and GPA will be verified with S&T Registrar’s Office. Please attach a narrative describing your active and continuing involvement for the past two semesters on campus and how you anticipate being involved in the future. The submission will be reviewed by Residential Life and an interview may be requested. No decisions on exemptions will be made until the hours and GPA are complete and submitted.

8. **Health Need or Consideration:** Please submit documentation on letterhead describing the accommodation necessary and submit the documentation to Student Disability Services. Documentation must be from a diagnostic licensed, professional caregiver appropriate to the student’s circumstance. Lifestyle needs will be reviewed by university officials to determine whether an accommodation can be made or if the student should be eligible to live off campus. Documentation only stating that a student should live off-campus will not be considered.

**Cancellation fees:**
Please be aware that student submitting this request after November 30 are subject to the following cancellation fees:

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Fee</th>
</tr>
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<tbody>
<tr>
<td>December 1-January 1</td>
<td>$200</td>
</tr>
<tr>
<td>January 2-January 19</td>
<td>$400</td>
</tr>
<tr>
<td>After January 19</td>
<td>$600 plus pro-rated room and board fees</td>
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Office Use Only:                        _______Approved                                                            ______Not Approved
Signature ________________________________________________________ Date ______________