

OHRL Use Only: ____Approved ____Denied Effective date: _____ Notification sent: ____ Initials/date:

General Instructions:

This form is for requesting exemption from the two-year residency requirement. Do not complete this form if you are currently engaged in an existing housing contract – you need to complete a Request for Termination from the Housing Contract. Incoming freshmen are expected to honor Webster University's two-year residency requirement for students not living with their parents within a 35-mile radius of the campus, unless certain criteria are met. There is not an appeal process for decisions about this request; all decisions are final.

- Please complete both sides of this application and present reasons for your request in a clear and organized fashion. <u>Provide specific information</u> and make sure to sign and date the form. The department reserves the right to request additional information.
- 2) Details regarding the residency requirement can be found on the Housing and Residential Life website accessible at www.webster.edu/housing.
- 3) Any request related to medical or health concerns must include consultation with professional staff in appropriate departments at Webster University, including, but not limited to, Student Health, Counseling & Life Development, Dining Services, and the Academic Resource Center. Please, only send copies of medical records that are most pertinent to your request.
- 4) Any request based on financial hardship will need to include clear documentation regarding your financial aid package, which can be obtained from the Office of Financial Aid. These requests may also include consultation with professional staff in Financial Aid and the Office of Undergraduate Admissions.
- 5) You should consider your request as being "unapproved" until a final decision has been communicated to you in writing.
 6) Please make sure to retain a copy for your records. Submit the original application to the Assistant Director, Office of
- Housing and Residential Life, 240 Edgar Road, St. Louis, MO 63119. Please note that approval for exemption is not official until written notification is received from the Office of Housing and Residential Life (this may be in the form of electronic correspondence).

Please Print or Type			Todav's Date	:	
Last	First	M.I.	,		
Webster ID:			Date of Birth:		
Permanent Address:					
Street	C	ity	State/Country	Zip/Postal Code	
Home Phone:	Cell Phone:				
Email Address:	Verify Email (write again):				
Current on campus address (if applicable):					
At what address would you live if granted the	ne exemption?				
Street	City	S	tate	Zip Code	
How many semesters of college have you	completed at this time? Pl	ease check one:0	12	34 or more	
I am applying for exemption for the following	g term(s). Please include	the year for each term (i	.e., 2011):		
Fall Semester, 201			Spring Semester, 201		

Over, please.

Exemption from the On-Campus Housing Requirement: I am applying for an exemption for the following reason(s):				
Financial Hardship				
Studying Abroad				
Medical Condition				

Please use this space to articulate your reasons for requesting an exemption. The reasons you state are the basis for the decision you are requesting. It is important to be concise, factual, and detailed in your written comments. Only cases which clearly meet exemption criteria will be considered. Please attach additional pages and other documentation that supports your request as necessary.

I acknowledge that all information contained within this request is accurate and true.

Signature of student

Date

Signature of parent (necessary if student is under 18 years of age)

Date