

University of Central Arkansas
Department of Housing and Residence Life
FRESHMAN HOUSING EXEMPTION 2009 - 2010

Exemption desired for: SEMESTER (Fall 2009) (Spring 2010)

Print Full Name: _____

First Name Middle Initial Last Name

Address: _____

Street Address

City State Zip

Student ID Number: _____ Email Address: _____

Home Telephone: _____ Cell Phone: _____

ALL freshmen are required to live on campus unless they meet one of the following criteria.

Freshman Exemption Reasons (check the one that applies to you).

- Will be/Currently enrolled in less than 12 hours
- Completed 21 hours
- Lived in a residence hall for two (2) or more semesters
Name of College and Date attended: _____
- Presently 21 years of age or older (attach copy of valid driver's license)
- Living with relatives (parents or legal guardians; grandparents; married brother/sister; aunt or uncle) NOTE: Relative(s) must complete bottom section.*
- Marriage (copy of Marriage Certificate must accompany this form)
- Military Leave (Include attached copy of military orders)
- OTHER (Please attach a typed letter of explanation addressed to the Exemption Committee)

Student's Signature: _____ Date: _____

EXEMPTION TO LIVE WITH RELATIVE(S)

I understand I may be contacted by the University of Central Arkansas to verify that the above named student will be living in my home.

Relative's Name (Please Print) Day Phone Evening Phone

Address, City, State & Zip Code

Signature Date

For Office Use Only:

Referred to: Exemption Committee Associate Director Referral Date: _____

Decision: Approved Denied Tabled Other: _____

Reason for Decision: _____

Committee Chair Signature: _____ Date: _____

Associate Director Signature: _____ Date: _____