



### REQUEST FOR HOUSING EXEMPTION FORM

Students who wish to be exempt should apply for an exemption by July 1 for fall and December 1 for spring. Requests for exemption will be heard by the Housing appeals committee. All decisions of the committee shall be considered final. Once the contract is signed and the academic year has begun, an exemption will not be granted, nor will the contract be cancelled for this purpose

PLEASE PRINT LEGIBLY

\_\_\_\_\_  
Name (Last) (First) (M.I.)                      STUDENT Z NUMBER                      (\_\_\_\_\_) TELEPHONE

\_\_\_\_\_  
MAILING ADDRESS    City/State/Zip Code

**RESIDENCY REQUIREMENT:** Because Harriet L. Wilkes Honors College regards the residential life experience as a central component of its student development mission, all first year admitted students are required to live in University housing for the first two years of their enrollment and purchase a meal plan; transfer students who have completed one year of college are required to live on campus for one year. Spring transfer students who have only completed one semester of college are required to live on campus for three semesters unless one or more of the following criteria is met;

**PLEASE INDICATE THE REASON FOR THIS REQUEST and REQUIRED DOCUMENTATION WITH THIS FORM**

- I will be 24 years of age or older by the first day of class.
- I am married. Required documentation to be submitted with this form: a copy of marriage certificate.
- I have dependent children.
- I am a US military veteran returning from a tour of duty.
- I am a transfer student entering with a fully completed associate of arts degree.
- I am a transfer student entering with two years of college previously, pursued after high school.
- I am requesting an exemption for medical or other special reasons. Attached documentation from physician and personal narrative explaining medical circumstances.
- I was previously approved for exemption.

Term(s) you are seeking an exemption (circle): Fall 20\_\_\_\_ Spring 20\_\_\_\_ By signing this form I verify that all information given is true and correct.

\_\_\_\_\_  
STUDENT SIGNATURE                      DATE                      Parent/Guardian Signature                      DATE  
(If student is under 18 years of age)

**Return to:**  
Florida Atlantic University, Department of Housing and Residential Life, ATTENTION: Housing Exemption/5353 Parkside Drive Jupiter, FL 33458/Fax: 561-799-8826/E-mail: [faujupiterhousing@fau.edu](mailto:faujupiterhousing@fau.edu).