HARRIET L. WILKES HONORS COLLEGE
FLORIDA ATLANTIC UNIVERSITY

REQUEST FOR HOUSING EXEMPTION FORM

New students who wish to be exempt should apply for an exemption by July 1 for fall and December 1 for spring. **Students who do not live on-campus may have their Financial Aid reduced. Please speak to a Financial Aid representative on adjustments to Financial Aid awards if you do not reside on campus.** Requests for exemption will be reviewed by the Housing appeals committee. All decisions of the committee shall be considered final. Once a housing contract is completed and the academic year has begun, an exemption will not be granted, nor will the housing contract be cancelled for this purpose.

PLEASE PRINT LEGIBLY

_____ _____ _____

Name (Last) (First) STUDENT Z NUMBER PHONE

_____ _____

MAILING ADDRESS City/State/Zip Code

RESIDENCY REQUIREMENT: Harriet L. Wilkes Honors College regards the residential education 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. Exemptions may be granted for 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. Required documentation to be submitted with this form: birth certificate

_____ I am a US military veteran returning from a tour of duty.

_____ I am a transfer student with an AA degree earned after high school. Or 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.

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 Education, ATTENTION: Housing Exemption, 5353 Parkside Drive Jupiter, FL 33458 E-mail: jupiterhousing@fau.edu.