North Dakota State College of Science™

Department of Residence Life

Request for Exemption from the On-Campus Living Policy

Name (Last, First, MI) _____

Student ID _____ Date of Birth_____

Permanent Street Address_____

City_____ State_____ Zip_____

Home Phone Number (_____) _____ E-mail_____

Cell Phone Number (_____) _____

My first semester at NDSCS: (circle) Fall Spring Summer Year (fill in) _____

I am requesting exemption from the On Campus Living Policy at North Dakota State College of Science.

Please select one of the following:

_____ I will be living with my parents(s) or legal guardian(s) full-time in their primary residence that is within a 50 mile radius of North Dakota State College of Science. **Attach letter from parents or guardian.**

_____ I am 21 years of age or older _____.
date of birth

_____ I will be enrolled in 9 or fewer credit hours during both the fall and spring semesters of this academic year.

_____ I will be transferring in or have completed 30 or more college credits. **Attach copy of college transcript(s).**

_____ I have primary custody of a minor child. **Attach proof of custody.**

_____ I am married. **Attach a copy of marriage certificate.**

_____ I have extenuating circumstances (example: on-line student, dual credit student, etc.)
Attach appropriate documentation.

Student Signature_____ Date_____

Parent Signature_____ Date_____
(if residing with parents or legal guardian)

*This form MUST be received by August 1, 2010 (fall) and December 1, 2010 (spring) to be considered for the exemption.

Mail completed form and supporting documentation to:

North Dakota State College of Science
Department of Residence Life – APPEALS
800 6th Street North
Wahpeton, ND 58076

For Office Use Only:

Date Request Received: _____/_____/_____ Date Reviewed: _____/_____/_____

❑ Granted ❑ Declined

_____

❑ Notified by letter Signature_____ Date _____/_____/_____