

The exemption request form for the live-in requirement needs to be completed, signed, and with all supporting documents required. Additionally, please submit the following

- A document explaining why you are making this request
- A document from your parent/guardian
- A document from any roommates that you may have if you are not planning on living at home with your family

Please submit the above documents to University Housing in Button Hall or mail to 400 East University Way, Ellensburg, WA 98926-7513, send by email to housing@cwu.edu, or fax to 509-963-1892

Central Washington University
Exemption Request University Policy WAC 106-156-010

I, the below named and undersigned student, request an exemption to the University Policy WAC 106-156-010 which requires all full-time, single freshmen students of Central Washington University, under the age of twenty (20) years of age to live in university residence hall facilities. (*Residence hall facilities do not include on-campus apartments for single or married students.*)

- Complete all of the information in Sections 1, 2, 3, & 4.
- Complete the appropriate section on the back of this form as it relates to your exemption request.
- Attach supporting documentation if required.

1. Student Information

Name: _____
Last First Middle Initial

CWU Student ID Number: _____ Birth Date: ____/____/____

Current Address: _____
Street City State ZIP Code

Address (if exemption is approved): _____
Street City State ZIP Code

Telephone Number: (____) _____ E-mail: _____

2. Parents' Information

Name: _____
Last First Middle Initial

Address: _____
Street City State ZIP Code

Telephone Number: (____) _____ E-mail: _____

3. Exemption Start Date: ____ / ____ / ____

4. Enrollment Status: Number of Quarters Completed at CWU: _____ Credits Completed: _____

I am requesting an exemption to the University housing policy (WAC 106-156-010) under the provision (WAC 106-156-011). *Check the appropriate explanation, complete the information, and attach any required supporting documentation.*

- I will reach the age of twenty (20) within thirty (30) days after the start of the quarter.
- I have completed three (3) quarters as a full-time student.

[Reference: WAC 106-156-012(5) "Completed six (6) quarters as a full-time student" shall mean enrollment in and completion of a minimum of ten (10) credit quarter hours of academic work in each of the six quarters.]

Live with Parents or Relatives

[Reference: WAC 106-156-012(1) "Living with" shall mean those whose domiciles are in the place of residence of a parent/relative and will be commuting from such a place of residence on a daily basis. WAC 106-156-012(1) "Parents or relatives" shall mean a parent, grandparent, legal guardian, brother, sister, aunt, uncle, or first cousin.]

I wish to live with my parents and commute from our home daily. *(Complete Section 2.)*

I wish to live with relatives and commute from their home daily.

(Provide the following information about your relatives.)

Name(s): _____
Last First Middle Initial

Relationship to You: _____

Address: _____
Street City State ZIP Code

Telephone Number: (____) _____ E-mail: _____

Employed Off-Campus

[Reference: WAC 106-156-012(4) "Employment in non-university housing and housing and/or board is part of their overall compensation received" shall mean employment for an established place or for an established family unit when a landlord/employer requires the student to reside where the work is performed and a substantial portion of the rent and/or room and board is reduced as part of the overall compensation for the work performed for the landlord/employer at the place of the residence of the student.]

I will be employed off-campus with housing and/or board included in the overall compensation.

(Provide the following information about your employer.)

Name: _____
Company Name or Individual's Last First Middle Initial

Supervisor's Name: _____
Last First Middle Initial

Address: _____
Street City State ZIP Code

Telephone Number: (____) _____ E-mail: _____

Medical Reason

[Reference: WAC 106-156-012(3) "Medical Reason" shall mean a medical problem that shall require a student to live in other than a university residence hall. Written verification of the medical problem and the requirement not to live in a residence hall must be obtained and submitted from the licensed physician or licensed psychologist.]

I have a medical reason which is fully described below. *(The university will verify this with the medical professional named below when the written recommendation is received.)*

Physician or Licensed Psychologist's Name: _____
Last First Middle Initial

Physician or Psychologist's Address: _____
Street City State ZIP Code

Telephone Number: (____) _____ E-mail: _____

Other / Unique Situation

I have a unique situation which is described as follows: _____

