The exception request form for the live-in requirement needs to be completed, signed, and properly notarized. 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
Exception 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 exception request.
- Attach supporting documentation if required.
- Sign Section 5 in the presence of a Notary Public.
  (For your convenience, Housing and Residence Life has a Notary Public on staff in Button Hall.)

1. **Student Information**
   - Name: ___________________________  Last  First  Middle Initial
   - CWU Student ID Number: ___________________________
   - Birth Date: _____/_____/______
   - Current Address: __________________________________________________________
     Street  City  State  ZIP Code
   - Address (if exception 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. **Exception Start Date:** _____/_____/______
4. **Enrollment Status:** Number of Quarters Completed at CWU: ________  Credits Completed: ________
5. **Notary Public** – Do not sign this section until you have completed both sides of this form and attached any supporting documentation.

--- For Office Use Only ---

STATE OF __________________________  COUNTY OF __________________________

The Undersigned person, being first duty sworn on oath deposes and says:

All of the information I have provided on this form is true and correct.

__________________________________________ Student’s Signature

Subscribed and sworn to before me this _____ day of _________________, 20 _____

By: _______________________________________

Notary Public in and for the State of __________________________

--For Office Use Only--

Date Reviewed: _____/_____/______  Approved: ________  Denied: ________
Letter Sent: _____/_____/______  Signature
I am requesting an exception 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): ____________________________________________________________
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: __________________________________________________________________________
__________________________________________________________________________________