



## UCA Freshman Housing Exemption Request

TERM: Fall 2019  Spring 2020

Are you withdrawing from UCA? Yes  No

Do you currently live with us? Yes  No

If Yes, where is your assignment? \_\_\_\_\_

*Note: Submitting a request for exemption to UCA Board Policy #701 does not guarantee that the exemption will be approved. The Housing Exemption Committee reviews requests on a monthly basis during the regular academic year. Requests and all documentation must be received within one week of the committee meeting or the case will be moved to the following month. The Committee reviews all documentation submitted and their decision is final.*

### STUDENT INFORMATION

To request exemption from the Freshman Residency Requirement or the UCA Housing Lease at UCA, complete this Exemption Request form, attach the required documentation and submit all to the Housing & Residence Life Office.

Name (Last, First, MI)	UCA Student ID Number
Address	City, State, Zip
Primary Email Address	Phone Number

*By signing and submitting this form, I acknowledge that I understand the Housing Lease Policy. I verify that the statements and information provided in support of my exemption are true and accurate. I understand I will be responsible for any housing and meal charges while I incurred until I officially checkout of housing.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if student is under age 18)

\_\_\_\_\_  
Date

### NEW TO HOUSING/FRESHMAN EXEMPTION REQUEST REASON & DOCUMENTATION REQUIRED

**Deadline: July 1 for fall semester and December 1 for spring semester**

Check one:

- Presently 21 years of age or older
- Married
- Completed 21 college credit hours (excluding HS concurrent)
- Will be/currently enrolled in less than 12 hours
- Lived in a residence hall for two (2) or more semesters
- Military Leave
- Have custody of dependent children
- Other
- Living with a relative

**Documentation to attach with Application**

- Copy of driver's license
- Copy of marriage license
- Copy of transcript
- Copy of official class schedule
- Name of college and dates attended
- Copy of military orders
- Copy of birth certificate
- Attach a typed letter of explanation
- Copy of both you and your relative's driver's license
- Notary must sign off on relative signature

**Along with this form please include appropriate documentation as stated above.**

*Any pending charges on your account must be paid. If this exemption request is approved, your account will be credited where appropriate. Freshmen are required to live on campus for two semesters. You are applying for exemption from the residency requirement. The Lease buy out fee is \$425. If you currently live on campus, you will be responsible for any charges incurred until you officially checkout of housing.*

**CONTACT INFORMATION**

201 Donaghey Avenue, Bernard Suite 201, Conway, Arkansas 72035  
Phone: 501-450-3132 Fax: 501-450-5374  
housing@uca.edu uca.edu/housing

**NEW TO HOUSING/FRESHMAN LIVING WITH RELATIVE MUST COMPLETE THIS SECTION**

*(Must be a parent, legal guardian, grandparent, married brother/sister, or aunt/uncle)*

Relative's Name (please print) \_\_\_\_\_ Relation to Student \_\_\_\_\_

Address where the student will be residing with you, City, State & Zip \_\_\_\_\_

Relative's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: A copy of the parent or other relative's driver's license must accompany this form in order for the exemption request to be reviewed. The address on the driver's license must be the permanent address where the student will live for the academic year.**

**NOTARY AUTHORIZATION- Required for NEW FRESHMAN "Living with Relatives" Exemptions Only**

State of Arkansas  
County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public Signature**  
My commission expires: 20 \_\_\_\_\_.

**OFFICE USE ONLY**

Physical address verification: \_\_\_\_\_

Referred to:  Housing Exemption Committee  Director of Housing & Residence Life

Decision:  Approved  Denied  Tabled  Other

Reason: \_\_\_\_\_

Housing Exemption Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Housing Signature: \_\_\_\_\_ Date: \_\_\_\_\_