

Office of Housing and Residential Life
Request for Exemption
From the On-Campus Housing Requirement



OHRL Use Only: ___Approved ___Denied Effective date: _____ Notification sent: ___ Initials/date: _____

General Instructions:

This form is for requesting exemption from the two-year residency requirement. Do not complete this form if you are currently engaged in an existing housing contract yea3

Exemption from the On-Campus Housing Requirement: I am applying for an exemption for the following reason(s):

- | | |
|---|---|
| <input type="checkbox"/> Married and/or have dependent child(ren) living with me | <input type="checkbox"/> Financial Hardship |
| <input type="checkbox"/> Completion of four full time semesters at Webster University | <input type="checkbox"/> Studying Abroad |
| <input type="checkbox"/> Transfer/withdrawal from Webster University | <input type="checkbox"/> Medical Condition |

Please use this space to articulate your reasons for requesting an exemption. The reasons you state are the basis for the decision you are requesting. It is important to be concise, factual, and detailed in your written comments. Only cases which clearly meet exemption criteria will be considered. Please attach additional pages and other documentation that supports your request as necessary.

I acknowledge that all information contained within this request is accurate and true.

Signature of student

Date

Signature of parent (necessary if student is under 18 years of age)

Date