Indiana University of Pennsylvania
New Student Residency Requirement Exemption Request Form

New Student Residency Requirement

A two-semester residency requirement at Indiana University of Pennsylvania has been implemented for the following purposes: a) support student academic success; b) enhance student development; and c) assist students in making a smooth transition to university life.

Individuals requesting an exemption to the two semester new student residency requirement must complete the information requested below and submit it to the Office of Housing, Residential Living & Dining, Room G37 Ruddock Hall, 1099 Maple Street, Indiana, PA 15705. This form may also be faxed to the above address at (724) 357-5762.

All requests will be reviewed by the *Residency Review Committee* and a decision will be communicated to all individuals via email within ten (10) days of receiving the request. Note that all decisions are final.

Print or Type all Information

Last Name	First Name	Middle Name	
Student ID Number	Date of Birth (MM/DD/YYYY)	Email Address (**REQUIRED**)	
Permanent Home Address –Street	City	State	Zip Code
Residency requirement exemption requested for: (Check Only One)			
____ 20___-20___ Academic Year	____ Fall 20__ Semester	____ Spring 20__ Semester	

Reason for Requesting an Exemption (Please check all that apply)

☐ I commute no more than 50 miles from the home of my parent(s) or guardian(s). *(The home address will be determined by the permanent address indicated on your Application for Admission.)*

☐ I am married (*You must submit a copy of your marriage license with this form.)*

☐ I have dependent children living with me. (*You must submit a copy of a tax statement with this form.)*

☐ I am a veteran of military service. *(You must submit a copy of your military discharge papers with this form.)*

☐ I will be 21 years of age or older on or before the start of Fall 20___ semester classes.

☐ Other *(Please explain in detail. Attach extra page if necessary.)* _____

_____

I acknowledge that all of the information above provided by me is true and correct, and that falsification of information may result in the denial of this request and university judicial charges being filed against me for Dishonesty/Fraud. I understand that if supporting documentation as requested above is not included with my submitted request, my request will be denied.

Student Signature_____ Date_____

Do Not Complete (For Office Use Only) Date Received: _____Date Reviewed: _____
Decision: _____Approved _____Disapproved Remarks: