

UNIVERSITY HOUSING FRESHMEN RESIDENCY REQUIREMENT EXEMPTION REQUEST FORM

- National research has shown that academic success in the first year and beyond is directly linked to residing in an on-campus residence environment. The University of Arkansas recognizes the benefits students receive from living on campus their first year. Therefore, all single students who are admitted to the University with a freshmen classification, under twenty-one (21) years of age are required to live on campus in a residence hall, or in their parent or legal guardian's permanent home.
- Requests for a newly admitted freshmen to live somewhere other than with parents or a legal guardian in their permanent home are not likely to be approved under most circumstances.
- Students requesting an exemption from the University of Arkansas Freshmen Residency Requirements should send all required paperwork to University Housing at least three weeks prior to attending an orientation session to ensure the student receives approval or denial prior to attending orientation. Failure to do so could cause long delays in the orientation process. Send required paperwork to:

University Housing
960 W. Douglas Street
Housing Administration Building
Fayetteville AR 72701

Please carefully review the following to determine what information you will need to provide. Required documentation *must be completed and received* at the University Housing Office before a request will be considered. A decision on the request can then be expected within approximately fourteen (14) business days. Please, black out Social Security Numbers on all documentation prior to mailing or faxing. Notification of the decision will be sent to the student's University of Arkansas email address.

Step 1 - Complete student information (print)

Student's Name

University of Arkansas ID#

Current Address

Phone Number

City, State & Zip Code

Email Address

Step 2 - Complete term you are requesting to be exempt from by checking the appropriate term

I wish to be exempt from the University Freshmen Residency Requirement for the:
() academic year 20____ - 20____ () spring term 20____ - 20____

Step 3 - Check why you are requesting an exemption

- A. _____ **Significant Financial need.**
- B. _____ **Medical, physical or other condition** that will require an accommodation that University Housing cannot meet.

Step 4 – Read the appropriate directions regarding the reason you are asking for an exemption, then complete and send all requested information.

A. Requesting exemption because of financial reasons. the following information must be included with your request:

1. Documents must support claim that student may not be afforded the opportunity to attend the University of Arkansas because of extreme financial strain caused by the expense of living on campus, **and** that cost of living off campus is significantly less expensive than living on campus.
2. Unless prospective student has “independent” status with the Financial Aid Office, a copy of parents’ last income tax return is required. **Please, black out Social Security Numbers on all documentation prior to mailing or faxing.**
3. If student has been awarded financial aid, a copy of the financial aid award is **required**. If student is requesting to live with a sibling who also attends the University of Arkansas, a copy of the sibling’s financial aid award is also **required**.
4. Submit documentation of availability and actual cost of alternate living arrangement (rent statement, letter from prospective landlord and/or roommate agreement). ** A copy of the drivers license of the person the student is requesting to live with is **required** (license must show the address listed below as the alternate living arrangement).
5. Letter from parent/guardian and of person student is requesting to live with (unless student has established independent status with Financial Aid Office) supporting the student’s request.

ALTERNATE LIVING ARRANGEMENTS:

Where will you live if exempt from the freshmen residency requirement?

_____ Address

INCOME / EXPENSE ANALYSIS:

- I. **Student Finances:** Attach a copy of your 2015 W-2 and records documenting other money earned. **Please, black out Social Security Numbers on all documentation prior to mailing or faxing.**

As of today's date:

Checking Account Balance: \$ _____

Savings Account Balance: \$ _____

Are you currently employed: Yes No

If you are employed, how often are you paid (weekly, biweekly, etc.)?

_____ Attach a copy of your most recent paycheck.

- II. **Financial Aid (copies of forms and awards must be included with your request for exemption):**

Total amount of Loans Awarded: _____

Total amount of Loans Accepted: _____

Total amount of Scholarships Awarded: _____

Total amount of Scholarships Accepted: _____

Total amount of Work-Study Awarded: _____

Total amount of Work-Study Accepted: _____

Total amount of Financial Aid Accepted: _____

Was Financial Aid declined? If so, why?

- III. **Parent(s)' or Legal Guardians' Finances:** Attach a copy of 2015 Federal Income Tax Return (if you are a dependent student). **Please, black out Social Security Numbers on all documentation prior to mailing or faxing.**

As of today's date:

Parent(s)' or Legal Guardians' Checking Account Balance

\$ _____

Parent(s)' or Legal Guardians' Savings Account Balance
\$ _____

IV. **Other Financial Assistance:** List amount of additional financial assistance you or your parent(s)/legal guardian(s) receive.

Social Security Benefits: _____
Veteran's Benefits: _____
Other: _____

Description	Amount
_____	_____
_____	_____

V. Monthly rent you will be required to pay: _____

VI. Monthly utility costs you will be required to pay:

Electric:	_____
Water:	_____
Gas:	_____
Phone:	_____
Internet Fee:	_____
Cable:	_____

VII. Estimated monthly food costs (Groceries and Eating out): _____

B. Requesting exemption because of medical reasons. the following information must be included with your request:

1. If a medical problem exists which may worsen by conditions associated with living in a residence hall, make an appointment with Center for Educational Access **prior to** turning in this Request form and obtain a letter from your physician that meets the following criteria:

Medical impairment must involve anatomical and functional abnormalities or clinically significant behavior changes assessed by a licensed independent practitioner on the basis of physical signs, laboratory findings, psychological tests and other forms of empirical data. Subjective phenomena such as discomfort cannot be quantified and therefore should not be used. It should be determined that it is probable that living in campus housing will cause an existing medical or psychiatric condition to worsen to the point that the student is unable to carry on the routine activities of campus living or is a danger to him/herself or others.

*If medical or physical, you are required to contact the University of Arkansas Center for Educational Access (CEA) at 479-575-3104. University Housing

cannot make a decision until receiving and reviewing a formal recommendation from the CEA Office.

2. Letter from parent or guardian (unless student has established independent status with the Financial Aid Office) supporting the request.

****DO NOT SIGN A CONTRACT FOR ALTERNATE HOUSING UNTIL YOU RECEIVE APPROVAL FOR FRESHMEN EXEMPTION FROM THE UNIVERSITY FRESHMEN RESIDENCY REQUIREMENT!****

_____ Signature of Prospective Student	_____ Date
_____ Signature of Parent or Legal Guardian	_____ Date

C. **Requesting an exemption from Board Plan only. you must provide the following information:**

Students who wish to be exempt from the required meal plan **ONLY** may do so by providing the following information:

1. **Special Diet:** If you are required by an appropriate medical practitioner to follow the guidelines of a particular diet, you must complete the Medical Information Request Form (attached) and submit it with a letter from the medical practitioner on his/her office stationery stating the medical necessity for a special diet and describing, in detail, your dietary requirements.

2. **Medical or Psychiatric:**

If a medical or psychiatric condition exists for which you are receiving treatment and which is worsened by conditions associated with eating in a dining facility, you must complete the Medical Information Request Form (attached) and submit it with a letter from the appropriate medical practitioner on his/her office stationery clearly outlining:

- i. The type of medical or psychiatric condition which exists.
- ii. The type and frequency of ongoing treatment for this medical or psychiatric condition
- iii. How eating in a dining facility will worsen the condition to the point that you will be unable to carry on the routine activities of campus living or would be a danger to yourself or others.

MEDICAL INFORMATION REQUEST FORM

_____ **Exemption Request for Board Only**

If requesting an exemption from your board plan base on a **dietary, medical or psychiatric condition**, complete the following information and attach a letter from your medical practitioner.

I, _____, give University Housing/Campus Dining Services at the University of Arkansas permission to contact my medical practitioner, whose name, address and phone number are attached, regarding the dietary, medical or psychiatric condition for which I am being treated and for which I am seeking an exemption from a board plan with University Housing/Campus Dining Services.

Signature of Witness

Student's Signature
(Parent/Guardian if student
is under 18 years of age)

Date

Date

Student's University I.D. Number

Student's Street Address

City, State & Zip Code