

# 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 Requirement 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.
- Scan and email required paperwork (preferred method) to [housing.uark.edu](mailto:housing@uark.edu) or you can mail to:  
University Housing  
960 W. Douglas St.  
Fayetteville, AR

**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.**

**All correspondence, including request for additional information and notification of the decision will be sent to the student's University of Arkansas email address.**

## Step 1 - Complete student information (print)

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Student's Name

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University of Arkansas ID #

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Current Address

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Phone Number

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City, State & Zip Code

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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 2021- 2022            (    ) Spring Only Term 2022

**Step 3 - Check why you are requesting an exemption**

- A. \_\_\_\_\_ **Significant Financial need.** Complete Steps 4 (Section A only) and 5.
- B. \_\_\_\_\_ **Medical, physical or other condition** that will require an accommodation that University Housing cannot meet. Complete Steps 4 (Section B only) and 5.
- C. \_\_\_\_\_ **I am married/have a child/serving in the military.** Complete Steps 4 (Section C only) and 5.

**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’ income tax return that was used when completing the FAFSA is required. **Please, black out Social Security Numbers on all documentation prior to mailing.**
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 driver’s 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. Letters from parent/guardian (unless student has established independent status with the Financial Aid Office) and from person student is requesting to live with supporting the student’s request.

**INCOME / EXPENSE ANALYSIS:**

- I. **Student Finances:** Attach a copy of your W-2 and records documenting other money earned. This is only for the year that you used when applying for financial aid. Please, black out Social Security Numbers on all documentation prior to mailing.

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 most recent Federal Income Tax Return (if you are a dependent student). Please, black out Social Security Numbers on all documentation prior to mailing.

As of today's date:

Parent(s)' or Legal Guardians' Checking Account Balance: \$ \_\_\_\_\_

Savings Account Balance: \$ \_\_\_\_\_

III. **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

IV. Monthly rent you will be required to pay: \_\_\_\_\_

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

Electric: \_\_\_\_\_  
Water: \_\_\_\_\_  
Gas: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Internet Fee: \_\_\_\_\_  
Cable: \_\_\_\_\_

VI. Estimated monthly food costs (Groceries and Eating out): \_\_\_\_\_

**Please continue to step 5**

**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, you will need to make an appointment with Center for Educational Access **prior to** turning in this Request form. **University Housing cannot make a decision until receiving and reviewing a formal recommendation from the CEA Office.**

2. 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 you have already provided this documentation to the Center for Educational Access then you do not need to provide duplicate documentation.**

\*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.**

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

**Please continue to step 5**

**C. Requesting exemption because of marriage/have a child/serving in the military, the following documentation must be included with your request.**

1. If you are married or will be getting married **before the start of classes**: please send a copy of your marriage license and driver's license. You are not exempt from the Freshman Residency Requirement until **after** you are married. *If your wedding date is within the academic year, please contact our office at that time for instructions on petitioning to be released from your contract.*
2. If you are the parent of a child who will need to have regular, court-ordered overnight visitation: please send in a copy of your child's birth certificate, your driver's license, and the visitation agreement. *If you are going to become a parent during the academic year, please contact our office at that time for instructions on petitioning to be released from your contract.*
3. If you are serving in the military: please send copies of your orders. They must have the dates of when you are serving. *If you are called into action after you arrive on campus, please call our office for additional information.*

**Please continue to step 5**

**Step 5 – Alternate Living Arrangements**

- I. Where will you live if exempt from the freshmen residency requirement? *Our office cannot make a decision until we have the address of where you will live if your exemption is approved.*

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Address

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

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Signature of Prospective Student

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Date

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Signature of Parent or Legal Guardian

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Date

**D. Requesting an exemption from Meal 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 Meal Plan Only**

If requesting an exemption from your meal 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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's University I.D. Number

\_\_\_\_\_  
Student's Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code