On-Campus Housing Waiver Request

HOUSING REQUIREMENT

To enhance academic success, Western requires first year students who are taking 9 or more credit hours to reside in University housing for the first two (2) semesters in residence, unless they meet at least one of the following criteria for exception:

- Are living with a parent, grandparent or legal guardian within a 50 mile radius of Saint Joseph as determined by MapQuest®
- Are 21 years of age by the beginning of the academic year for which they are enrolling
- Are a military veteran
- Have completed more than 30 credit hours (not including high school classes taken for college credit)
- Are married and/or who reside with dependent children

YOU ARE REQUIRED TO COMPLETE THE FOLLOWING; (PLEASE PRINT)

Enter your G-number: G - _____ _____ _____ _____ _____ _____ _____ _____

What Semester do you plan to enroll at Western? (circle one) Fall Spring Summer

Student's Last Name First Name MI

Street Address

City State Zip

REQUEST FOR WAIVER

I am requesting the first year requirement to live on campus be waived based on meeting one or more of the following conditions:

___**I am or will be 21 years of age by the beginning of the academic year for which I am enrolling.**

* I understand this information will be verified from my application for admission to the University. **Date of Birth:** ____ / ____ / _____

___**I am a veteran of the military.**

* Requires a copy of your DD214 paperwork verifying veteran status

___**I have completed more than 30 credit hours. Does not include high school classes taken for college credit.**

* understand this information will be verified from transcripts sent to the Office of Admissions.

___**I am married and/or reside with dependent children.**

* Requires a copy of your marriage certificate (not license) and/or official documentation (birth certificate/tax return) verifying dependents.

___**I am living with a parent, grandparent or legal guardian**

* According to Missouri law 475.030 R.S.MO.et seq. Parent, grandparent or legal guardian must have signature notarized.

I_____, verify that I am the parent, grandparent or legal guardian of the student listed above who will be living at my residence, which is within a 50 mile radius of Saint Joseph (as determined by MapQuest®), for the duration of the academic year

_____

Signature of Parent/Grandparent/Legal Guardian (must sign in the presence of notary public)

_____

Notary Public

STATE OF) _____**ss**

COUNTY OF) _____

Subscribed and sworn to me on this _____**day of**

_____**, 20**____**.**

My Commission Expires: _____

I CERTIFY THAT I MEET THE REQUIREMENT CHECKED ABOVE. I UNDERSTAND THAT SUBMISSION OF FALSE INFORMATION IS SUBJECT TO DISMISSAL FROM THE UNIVERSITY

Student Signature Date

Return this form to:
Office of Residential Life
4525 Downs Drive
St. Joseph, MO 64507-9987

MISSOURI WESTERN STATE UNIVERSITY