Exemption Application Form

Submission of this request DOES NOT guarantee approval of a student's request for exemption. The information provided will be verified and evaluated.

Students are cautioned not to make other living arrangements until they are officially exempted from the First Year Living Requirement (FYLR). Having signed an off-campus lease, rental agreement or having purchased a home will not qualify the student for exemption.

Providing false or misleading information in connection with a request for exemption will be grounds for disciplinary action under Section VI of the Student Code of Conduct. Failure to comply with the FYLR or engaging in behavior that would result in removal from campus housing will result in disciplinary action up to and including suspension from WSC.

Requests for exemption to the FYLR Policy should be submitted to the Residence Life Office at wsc.housing@willistonstate.edu. Please review the $\underline{FYLR\ Policy}$ for the full exemption process.

STUDENT INFORMATION		
Student Name		Student ID
Email		Phone
Permanent Home Address		First Semester to Attend WSC
EXEMPTION REQUEST		
Please identify the reasoning in which your request is based on (You only have to meet one of the criteria):		
□ I will be living with my parent(s) or legal guardian(s) full-time in their primary residence that is within a 60-mile radius of Williston State College. □ I will be enrolled in less than full-time status. □ I have earned 24 or more transferrable, post-secondary credits prior to the start of classes in the semester I am enrolling. □ I am married or have dependent children. □ I am or will be 21 years of age or older prior to the start of classes in the semester I am enrolling. □ I have a financial hardship directly related to living in the residence halls. □ I have a medial condition directly related to living in the residence halls. □ I have a special circumstance that does not fall under the other exemption criteria. Comments:		
STUDENT ACKNOWLEDGEMENT		
☐ By my signature below, I am stating that the information presented in this request is true and accurate. Students who submit false information are in violation of campus policy and may be subject to judicial action.		
Student Signature		Date
OFFICE USE ONLY		
Date Received	/ /	Recommendations:
Outcome letter sent	/ /	
Approved	☐ Denied	Director for Residence Life Signature Date