Residency Exemption Form

Name: ___________________________ Campus ID Number: ____________

Current on-campus Facility: ________Apt room #: ________ Mobile Phone: ________

Off-campus Physical Address: ________________ City: ________________ ST: ___ Zip: ______

Email: ___________________________ @ _________________________

Reason for requesting exemption: (Check all that apply)

- € I have a documented disability that requires off-campus accommodations.
- € I am married or will be married by the first day of classes.
- € I graduated from Coyle or Guthrie H.S. and live in the immediate area.
- € I am a part-time or graduate student.

Spring 2015 residency exemption requests will be granted on a case-by-case basis. Submission of a residency exemption form does NOT guarantee approval to live-off campus. Students must make a written request and submit the request to the Dean of Students. Deadline for submission is: returning students 5pm on Monday, July 6, 2015; new and transfer students due by add/drop date of the current semester. A student’s full name and student ID number must be on all documentation. If you have requested residency exemption due to a special situation that was not listed above, provide documentation explaining your situation, including specific reasons for your request.

Students should submit all required documentation along with this form by email, fax, mail or hand delivered to the Office of the Dean of Students in the Student Success Center, Suite 210.

- Email: Dean of Students, Dr. Natasha M. Stephens nmstephens@langston.edu
- Fax: 405-466-3447
- Mailed to: Division of Student Affairs c/o Dean of Students P.O. Box 907 Langston, OK 73050

Requests for exemptions will be reviewed and a written notice will be provided via email unless requested by the student, once the exemption has been approved or denied. An appeal of the decision can be made to the Vice President for Student Affairs (VPSA). Decisions made by the VPSA are final.

I have read and agree to the terms and conditions listed on this form.

Applicant signature: ___________________________ Date: ____________

OFFICE USE ONLY: □ Approved Date: ____________ □ Appeal Upheld Date: ________

□ Denied Date: ____________ □ Appeal Overturned Date: ________

□ Signature __________________

FIND THE LION IN YOU
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