

COMMUTER EXEMPTION REQUEST

Please return the completed form to the Office of Admissions, Upper Iowa University, Fayette, IA 52142-1859.

RESIDENCE HALL & MEAL PLAN POLICY

All students are required to live in University residence halls and maintain a meal plan. Students may be exempt if they meet any of the following qualifications. All requests to live off-campus are reviewed on a case-by-case basis.

Exceptions to the residence hall policy are very limited. A student who is: (1) living in their primary residence that is within 30 minutes of Fayette for 365 days prior to enrollment, (2) married, (3) enrolled for the 5th semester of university/college, (4) a veteran of the Armed Services, or (5) 22 years of age or older (students who turn 22 during the academic year may apply for off-campus status at the end of the semester following their birthday). **The student must submit a signed written statement verifying any of the above conditions to the Office of Student Development no later than 30 days prior to the start of the semester.** Students, who fail to take up residency or move off campus without permission, will be charged for a double room.

NAME: _____ SEX: _____ Male _____ Female

HOME ADDRESS: _____
Street/PO Box _____ City _____ State _____ ZIP _____

TELEPHONE: _____ CELL PHONE: _____

BIRTHDATE: _____ EMAIL ADDRESS: _____

CLASSIFICATION WILL BE: _____ Freshman _____ Sophomore _____ Junior _____ Senior

MAJOR: _____ MINOR: _____

ENTERING UIU: **Fall 20** _____ (Term I _____ Term II _____) **Spring 20** _____ (Term I _____ Term II _____ Interim _____)

EXEMPTION STATEMENT

The Office of Student Development will review your exemption category.

I **will not** be living in the residence hall for the following reason(s):

- _____ 1. Live in Primary Residence within 30 miles of Fayette for 365 days prior to enrollment
(please note parents' names below)
- _____ 2. Married
- _____ 3. Enrolled for the 5th semester of university/college
- _____ 4. Veteran
- _____ 5. 22 years of age or older – *see item #5 above*
- _____ Other *(please explain below)*

“I certify that the above information is correct and will notify the Office of Student Development if there are any changes to my exemption request information.”

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY: Request Approved _____ Date: _____