

APPLYING FOR OFF-CAMPUS RESIDENCE APPROVAL

(INSTRUCTIONS)

Attached are forms for off-campus residence approval. Please review and fill out only the forms which fit your particular needs, then follow the procedures on the attached sheet.

Before submitting to Student Life Office (Keeny Hall 333), please staple in the following order:

- application
- personal letter
- medical form (if applicable)
- miscellaneous forms (if applicable)

Deadline date: Two weeks (14 days) before first day of classes for the quarter for which exemption is sought.

UPCOMING DEADLINES:

Fall 2011	August 25, 2011
Winter 2011-2012	November 16, 2011
Spring 2012	February 16, 2012
Summer 2012	May 17, 2012
Fall 2012	August 25, 2012

Regulation applies only to single, full-time students who are younger than 23 years of age and have earned less than 80 hours.

Students living with their parents must submit a notarized commuting form.

NOTE: SIGNING A LEASE AGREEMENT OR PURCHASING A HOME PRIOR TO BEING GRANTED APPROVAL DOES NOT EXEMPT STUDENT FROM HOUSING POLICY.

Procedure for Requesting Permission to Live Off Campus

If you are requesting permission to live off campus for one of the following reasons, please follow the steps listed below prior to submitting an application. This will aid in the consideration of your request but does not guarantee exemption.

Medical

1. Have your doctor complete the medical form specifying your special housing needs. (Prescription pad notes are not acceptable.) Schedule an appointment to see the Director of Residential Life (257-4917), then take the medical form to him/her and he/she will work with you to see if you need to be reassigned to another dorm, quiet floor, special filters changed periodically in your room, etc.
2. If, after trying these changes for a quarter, you still feel that your medical condition has not improved, get a statement from the Director of Residential Life stating that your special needs could not be met by the Residential Life Department.
3. Submit a completed off-campus application form, updated completed medical form, statement from the Director of Residential Life verifying that your special needs could not be met in the residence hall, and a personal statement from you giving your reasons in detail for needing to live off campus.

Special Dietary Needs

1. Have your doctor complete the medical form specifying your medical condition and special dietary needs. Schedule an appointment to see the Director of Food Services (257-2327), then take the doctor's information to the Food Service Director and he/she will work with you in working out a plan that meets your nutritional needs.
2. If the Director of Food Services is not able to work out a plan suitable to meet your special dietary needs, ask him/her to give you a written statement to that effect.
3. Submit a completed off-campus application form, statement from our Director of Food Services, and a personal statement from you giving your reasons in detail for needing to live off campus.

With Family Members

1. Submit a statement stating who you plan to live with, how they are related to you, give their name, address, and telephone numbers (**home, work, and cell numbers**). Give your reasons for needing to live with this person.
2. Submit a notarized statement from the person with whom you plan to live confirming that you will be living with them, how long you plan to live there, and your cost of room and board.
3. Submit an off-campus application along with your statement.

Financial Reasons

1. Submit documentation of your financial hardship.

Miscellaneous

1. Submit a completed off-campus application form and a personal statement giving your reasons in detail for needing to live off campus.

In order to assure that you receive the decision prior to 2nd Schedule Purge date, your application must be submitted before the deadline (which is 14 days before the first day of classes for the quarter for which exemption is sought).

LOUISIANA TECH UNIVERSITY
Office of Student Life
P. O. Box 3035
Ruston, LA 71272

The following statement needs to be completed by the doctor treating the student for his/her present medical condition. If not completed in its entirety, the statement will not be acceptable.

Student's Name: _____

Describe nature of condition or illness:

How long has illness existed:

Date student was last treated for illness:

Estimated duration of illness:

What special conditions or facilities does this student need because of his/her medical condition? *Please explain in detail.*

If the student has an allergy condition, what tests have been performed to determine allergies? List the agents to which the student is allergic.

The most convenient time and date for our office to contact you, if necessary:

The information requested below **must** be completed in full.

Doctor's Name (please print or type)

Doctor's Signature

Office Address

Office Phone Number

City

Date

