

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 Affairs Office (Keeny Hall 305), 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 2016	August 25, 2016
Winter 2016-2017	November 16, 2016
Spring 2017	February 23, 2017
Summer 2017	May 18, 2017
Fall 2017	August 24, 2017

Regulation applies only to single, full-time students who are younger than 23 years of age and have earned less than 60 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).

APPLICATION FOR OFF-CAMPUS RESIDENCE APPROVAL

Note: SIGNING A LEASE AGREEMENT OR PURCHASING A HOME PRIOR TO BEING GRANTED APPROVAL DOES NOT EXEMPT STUDENT FROM HOUSING POLICY. This request must be completed and filed in the Office of Student Affairs at least 14 days before the first day of classes for the quarter for which exemption is sought.

Name: _____
(last) (first) (middle)

Circle quarter for which exemption is to begin: Summer Fall Winter Spring 20_____

CWID #: _____ Birthdate: _____ Email: _____

Local Address: _____ Cell Phone: _____

Current Dorm/Rm: _____ Local Phone: _____ First Qtr. at Tech: _____

Parents' Name: _____ Home Phone: _____

Parents' Address: _____
(street or box number) (city) (state) (zip code)

Total # Sem. Hrs. EARNED (including transfer hrs.): _____ Cumulative GPA: _____ Major _____

No. Qtrs. Lived **On** Campus: _____ No. Qtrs. Lived **Off** Campus: _____

Have you previously applied/been approved to live off campus? Y N If so, when? _____

***** IMPORTANT: PLEASE READ BELOW *****

Attach a signed statement giving your reasons for requesting an exemption to the On-Campus Residence Requirement. Please follow procedure listed on attached form prior to submitting off-campus application. The undersigned certifies that all information submitted is true and correct; the undersigned fully understands that false or misleading information will subject the student whose signature appears below to separation from Louisiana Tech University. Exemption approval does not cancel your room reservation with the Department of Residential Life. To cancel your room, you must cancel in person or send a letter to the Department of Residential Life, P.O. Box 3174, Ruston, LA 71272.

Signature of Student _____ Date _____
(DO NOT WRITE BELOW THIS LINE)

Date Appl. Rec'd _____ / _____ / _____ Date Notification of Decision Emailed: _____ / _____ / _____ Coded _____

_____ Permanent exemption; do not need to reapply. COMMENTS: _____

_____ Approved through _____ Quarter. _____
(Note expiration date. Must reapply for future exemption.)

_____ Approved to live with _____ only. _____

_____ Disapproved. May appeal to Review Committee within 5 business days. _____

Chairman, Review Committee

Action Taken by Review Committee on Appeal: _____ date: _____

Action Taken by President's Designee on Appeal: _____ date: _____

LOUISIANA TECH UNIVERSITY
Office of Student Affairs
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