

# 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
- copy of approved Residential Life lease release (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 2018	August 23, 2018
Winter 2018-2019	November 14, 2018
Spring 2019	February 26, 2019
Summer 2019	May 21, 2019
Fall 2019	August 22, 2019

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. **Please note that prior to applying for approval to live off campus, you must first be granted approval to cancel any on-campus lease through the Department of Residential Life.**

### **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 2<sup>nd</sup> 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)

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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: \_\_\_\_\_

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