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:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Deadline Date</th>
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<tbody>
<tr>
<td>Fall 2019</td>
<td>August 22, 2019</td>
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<tr>
<td>Winter 2019-2020</td>
<td>November 19, 2019</td>
</tr>
<tr>
<td>Spring 2020</td>
<td>February 25, 2020</td>
</tr>
<tr>
<td>Summer 2020</td>
<td>May 20, 2020</td>
</tr>
<tr>
<td>Fall 2020</td>
<td>August 27, 2020</td>
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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- 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 of Notification of Decision: ____________/____ 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: __________________________