



APPLICATION FOR EXEMPTION FROM TEXAS TECH UNIVERSITY HOUSING REQUIREMENT

Updated 05/14/2014

All appropriate documentation must be provided prior to review. Non-exempt students have the right to Appeal.

Compliance with the university housing policy is a condition of enrollment, as set forth in the Student Handbook, the Undergraduate Catalog, and OP 30.25 (http://www.depts.ttu.edu/opmanual/).

Please indicate the initial term for exemption (circle one): Fall / Spring / Summer Year: 20

Status (circle one): First Year College Student / Transfer Student / Returning Student Estimated Cumulative Collegiate GPA:

High School Name: High School Graduation Date (mm/yyyy):

Please select one from the list below and submit the requested documentation as proof of your eligibility to live off-campus while attending Texas Tech University:

Upperclassman:

- I have successfully completed at least thirty (30) hours of academic credit in a collegiate setting and/or I have enrolled in Graduate School, Law School, or Medical School. I understand that Credit by Exam (CLEP, ACT, SAT, Advanced Placement) and hours received prior to high school graduation will not be considered for this request.
I have lived in student housing at a collegiate setting for at least two regular semesters.

Commuter:

- I reside and will continue to reside in the established primary residence of my parents/or legal guardian.

Non-traditional Student:

- I am married, I have served in the active military, I have a dependent child(ren) who resides with me, and/or I will be 21 years of age or older on or before the first day of classes of the semester for which I am requesting an exemption.
I have been awarded a university scholarship/sponsorship managed by a university department or college, which minimally includes the equivalent of the current academic year's room, board, tuition, fees, and textbooks (as estimated by the Financial Aid Office).

Extreme Hardship:

- I will present sufficient evidence of a financial hardship based on my financial package as determined by Student Financial Aid.
I will present sufficient and satisfactory evidence of a medical condition for which on-campus accommodations cannot be made.

Other:

- I will present sufficient evidence of a personal hardship. I understand that I do not meet any of the above requirements for exemption from the residency requirement and as such am subject to the appeals process.

I have read and understand the information provided on this form. I verify that the information provided here is true and correct, and I understand that false or misleading information provided by me shall be grounds for taking disciplinary action against me in accordance with the Code of Student Conduct.

Student Name (Please Print) Date of Birth Student ID Number (R#)
Permanent Home Address - Street City State Zip Code
Student Signature Telephone Number/Email Address Date

FOR OFFICE USE ONLY:

EXEMPT / NOT EXEMPT / CANCELLED INITIALS/SIGNATURE: DATE:
APPEAL OVERTURNED / CONFIRMED INITIALS/SIGNATURE: DATE: