

**Exemption Request: Residency Requirement  
Gonzaga University**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MSC box \_\_\_\_\_

ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Current Residence Hall (if applicable): \_\_\_\_\_

In light of the attached description of the University’s requirement that certain students live on campus, I am requesting to be exempted from that policy due to the following indicated reasons:

**Married** (must provide copy of marriage certificate)

**Financial**

Requires a meeting with Financial Aid Office counselor for a full review of current financial situation and obtaining a confirmation of your situation in writing to attach to this form before submission.

**Medical**

Requires meeting with the Office of Disability Resources, Education and Management for analysis of whether or not the condition qualifies for an accommodation to the Residency Requirement. Written indication of this accommodation must be attached to this form prior to submission.

**Live with immediate family in Spokane area**

\_\_\_\_ must provide letter of support from parents that gives address



**Current on campus residents** are not eligible for this exemption category until May 15<sup>th</sup> because of a binding, academic year Rental Agreement. So approval will be granted for the “following” academic year only.

By signature below, I acknowledge that the information provided above is correct. I acknowledge that I understand the request for this exemption is not “permission” to live off campus. I must receive an “answer” back on this form before that permission is granted. **I understand that if I enter into a lease for another property before receiving this answer, it is at my own risk and the University administrators will not take that into consideration in their decision. In addition, prior to approval of this document, if the housing department receives an inquiry from another landlord, our response will indicate you are not permitted to live off campus.**

Signature of student: \_\_\_\_\_ date: \_\_\_\_\_

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**Office Use Only:**

Request is:  Approved       Denied      By: \_\_\_\_\_      Date: \_\_\_\_\_