

**2017-2018 REQUEST FOR EXEMPTION FROM LaGRANGE COLLEGE RESIDENCY REQUIREMENT**

**(This form must be completed annually for consideration)**

**\*\*NEW STUDENT DEADLINE to return form: 2 weeks BEFORE your scheduled Summer Orientation\*\***

As a residential, liberal arts institution of higher education, LaGrange College supports student learning both inside and outside the classroom. Consistent studies have shown that students living in campus residence halls typically have higher graduation rates, grades, and connections with students, faculty, and staff. The firm conviction that residing on campus is a crucial component of a student's total educational experience supports the establishment of a campus residency requirement. **The LaGrange College residency requirement dictates that all undergraduate day students taking twelve (12) or more academic class hours must live in college housing unless they meet, verify one of the established exceptions, and receive approval to live off-campus from the director of housing.**

By completing this form, you are requesting permission to be exempt from the LaGrange College residency requirement. This form must be signed by the student as well as her/his parent(s)/guardian(s). By signing this form, both student and parent(s)/guardian(s) verify that the information supplied is current, truthful, and accurate. If the College discovers that false information has been provided or that circumstances have changed without notice to the institution, the College reserves the right to bill for both room and board. Likewise, providing false information will be deemed to be a violation of the Honor Code and Social Code and the student will be referred for disciplinary action. Individuals failing to submit a form, even if an exemption is warranted, will have a hold placed on his/her account that will prevent class registration.

**Completion of this form and approval is necessary to receive a waiver from the Spring to Fall Room Hold Assessment of \$200.**

PLEASE TYPE OR PRINT NEATLY when completing this form. Once complete, this form may be submitted in person, via postal mail, or as a PDF via e-mail to Ms. Kirby McCartney (LaGrange College Office of Residential Education & Housing; Smith Hall Room 215; **601 Broad Street, LaGrange, GA 30240 -OR- Scan and email to [kmccartney@lagrange.edu](mailto:kmccartney@lagrange.edu)**).

Exemption determinations are made by the Director of Residential Education & Housing. Appeals to such decisions should be directed to the Dean of Students within 48 hours of receiving notification of the decision.

Academic year or semester which exemption is requested: \_\_\_\_\_

**Justification for exemption** (please check all that apply):

- \_\_\_\_\_ The student is 23 years of age or older on the first date of semester classes (does not require parent signature below).
- \_\_\_\_\_ The student is married and living with her/his spouse; please provide documentation of marriage license and documentation of joint residence at a single address.
- \_\_\_\_\_ The student is responsible for a dependent child; please provide documentation of dependency.
- \_\_\_\_\_ The student is a veteran with at least two years of active military service.
- \_\_\_\_\_ The student resides exclusively with parent(s) or legal guardian(s) in their/her/his primary residence that is within a thirty-mile commute of the College; please provide documentation of ownership (power/utility bill, etc.) for parent(s)/guardians.
- \_\_\_\_\_ Other (Please type and attach a written justification for exemption from the policy and supply all supporting materials necessary to justify consideration of the request – it should be noted that exemptions for reasons not articulated above will be rare and offered only in the most exceptional of circumstances).

Name of LaGrange College student (First, Middle, Last): \_\_\_\_\_

Student's date of birth: \_\_\_\_\_ Student's ID ("L") number: \_\_\_\_\_

Address where student will be living: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b> Approved: _____ Disapproved: _____ Signature & Date: _____ _____ _____
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