

**NORTHWESTERN STATE UNIVERSITY**

*A Member of the University of Louisiana System*

Please mail to: NSU, One Card Office, Student Services Center, 3<sup>rd</sup> Floor, Natchitoches, LA 71497

**APPLICATION FOR OFF-CAMPUS RESIDENCY**

**NOTE: SIGNING A LEASE AGREEMENT OR PURCHASING A HOME PRIOR TO BEING GRANTED APPROVAL DOES NOT EXEMPT STUDENT FROM HOUSING POLICY, NOR DOES AN APPROVED EXEMPTION RELEASE YOU FROM YOUR LEASE WITH UNIVERSITY PLACE, UNIVERSITY COLUMNS OR VARNADO HALL.** This request must be completed and filed in the One Card Office. Priority deadline for approval is at least 14 days before the first day of classes for the semester for which exemption is sought.

Name: \_\_\_\_\_  
(last) (first) (middle)

Address (approval/denial will be mailed to this address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student I.D. # (not social security number): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Circle semester(s) for which exemption is requested: Summer Fall Spring 20\_\_\_\_\_

Classification \_\_\_\_\_FR \_\_\_\_\_SO \_\_\_\_\_JR \_\_\_\_\_SR

**Please check the reason for your request to live off campus. Please provide ALL documentation requested or your exemption may not be considered until documentation is provided to the committee.**

\_\_\_\_\_ 1. **RESIDING WITH A FAMILY MEMBER.** A verifiable family member is a parent, grandparent, married brother or sister, or legal guardian. Please provide a written statement from family member stating their address and that you are living with them.

\_\_\_\_\_ 2. **MILITARY VETERAN.** Please provide a copy of Form DD214.

\_\_\_\_\_ 3. **RESIDING IN A FAMILY OWNED PROPERTY.** The property must be owned by student's parent, grandparent, married brother or sister, legal guardian. Proof of ownership must be substantiated by notarized statement from owner of property.

\_\_\_\_\_ 4. **MEDICAL PROBLEM.** If you have a significant medical problem it must be documented by a physician's statement. This statement must be on the physician's letterhead. Please note that allergies will not automatically ensure that your exemption is approved. Physician's statement must include how allergies are tested and treated and how alternative living will improve symptoms.

\_\_\_\_\_ 5. **FINANCIAL HARDSHIP.** Significant financial hardship must be documented by statement from parents indicating their contribution to cost of student's university expenses, itemized statement from student indicating funds available for expenses and anticipated expenses, copy of student's university expenses, copy of parent's W-2 and 1040 filed from preceding year and student's W-2 form from preceding year.

\_\_\_\_\_ 6. **AGE 21 OR OLDER.** You must be 21 years of age by 14<sup>th</sup> class day.

\_\_\_\_\_ 7. **CAMPUS RESIDENT FOR 6 SEMESTERS OR MORE.** You must have resided on campus for six semester. Summer will count as a semester if the student has taken at least 6 hours and resided on campus for that summer.

\_\_\_\_\_ 8. **MARRIED, DIVORCED, OR CARING FOR DEPENDENT MINOR CHILD.** If you are married or divorced please provide a copy of marriage license or divorce decree. If in guardianship of a minor child, please provide legal documentation or birth certificate.

\_\_\_\_\_ 9. **CLASSIFIED AS A SENIOR.** Be classified as a senior with 90 or more semester hours.

\_\_\_\_\_ 10. **COMMUTING.** Living with parents or legal guardians ONLY, in the commutable area. Commutable area is defined as one of the following parishes: **a) Bienville b) Bossier c) Caddo d) DeSoto e) Grant f) Natchitoches g) Rapides h) Red River i) Sabine j) Vernon k) Winn.** Please provide a written, **NOTARIZED** statement from parents or legal guardian stating that you are commuting from their residence in one of the commutable parishes. If you live outside of the commutable area you will not be able to choose the **Commuting** option.

\_\_\_\_\_ 11. **OTHER HARDSHIP.** Please provide a DETAILED explanation of your hardship and how living off-campus would help resolve the issues described.

**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 a charge equal to room and board payment and to disciplinary action by the university.**

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied (May appeal to Exemption Committee within 10 business days.) \_\_\_\_\_  
Assistant Director of Auxiliary Services or its Designee

\_\_\_\_\_ Date