



EXEMPTION FORM

FRESHMAN RESIDENCY PROGRAM

Student's Name: _____			MUW Student ID: _____		
Last	First	MI			
Email: _____			Telephone: _____		
Current mailing address: _____					
Street		City	State	Zip Code	
Date of Birth: _____		Age: _____		Completed credit hours: _____	
Indicate the semester for which the exemption is being requested: Fall _____ Spring _____					

REASON FOR REQUESTING AN EXEMPTION

- I will be 20 years of age or older by the first day of classes of my first semester.
(Attach a copy of birth certificate or passport)
- I am married.
(Attach a copy of certificate of marriage)
- I am custodial parent of a dependent child.
(Attach a copy of child's birth certificate and copy of your federal tax return, verifying child is your dependent)
- I am a veteran who has completed 2 years of active military service.
(Attach copy of Release/Discharge from Active Duty)
- I will be living with my parent or guardian whose current permanent primary place of residence is not more than 50 miles driving distance from Mississippi University for Women.
(Attach completed Parent/Guardian Verification Statement)
- I am a transfer student and MUW has accepted at least 24 semester credit hours.
(Attach copy of unofficial transcript)
- Other reasons/compelling circumstances. (Examples, not limited to: Active Military, On-line, Medical Condition, etc.)
(Attach a letter concisely and fully describing circumstance and any supporting documentation)

I have read this Exemption Form – Freshman Residency Program and understand that I am NOT automatically exempt from MUW's residency program. I understand that written notification will be sent to my current mailing address on this form, indicating whether my request has been approved or denied.

I also understand that if I have already signed a housing contract and am now trying to move out of on-campus housing, this form does NOT constitute a contract cancellation and therefore does not release me from any amount due or from the housing contract cancellation fee detailed in the cancellation section of my housing contract.

By signing this document I certify that all information provided is true and accurate to the best of my knowledge. Submission of false information could subject me to disciplinary action by Mississippi University for Women.

Student Signature

Date

Parent's Signature (required if student is under 18)

Date

FOR OFFICE USE ONLY

Date Received: _____

Student Notification Date: _____

APPROVED

DENIED