



Semester Requesting
Fall 20 _____
Spring 20 _____

On Campus Housing Exemption Application

Freshmen and sophomore students (defined as students who have compiled fewer than 60 hours of college credit) are required to live in college housing for at least four semesters. Exempted from this policy are students who have reached their twenty-first birthday prior to the first day of registration; veterans of at least two years' active military service; married students; students who commute to school daily from the permanent, legal residence of their parents (within 40 miles); and students who have resided in residence halls for four semesters, excluding summers. In order to be considered for a housing exemption, a student must do the following:

- Complete the On-Campus Housing Application.
- Send the completed application to the Office of the Dean of Students and Residential Life with a notarized letter from your parents or legal guardian stating that you are commuting from their legal permanent residence.
- Submit necessary supporting documentation (Marriage License, Military Orders, child's birth certificate or other letters).
- The student will then meet with the Housing Exemption Review Board, if necessary. This meeting will take approximately 10-15 minutes.
- The student will receive notification of the review board decision in writing within 5 business days after submission.

Request For Housing Exemption

Name: _____ Social Security Number: _____
(Please print) Last First Middle

Home Address: _____ Home Phone Number: _____
Number and Street City State Zip (area code)

Local Address: _____ Home Phone Number: _____
Number and Street City State Zip (area code)

Reason Requesting Exemption: (Check all that are applicable). Documentation must be provided.

- I am married and living with my spouse _____.
- I am a single parent with custody of my child(ren) _____.
- I am a veteran of two years' active military service _____.
- I am 21 years old prior to the first day of registration _____ Birthdate _____.
- I have lived in the residence halls four complete semesters (excluding summers) _____ Enrollment Date _____.
- I will commute daily from the permanent home of my parents (within 40 miles) _____.
- I have been enrolled fulltime at a postsecondary institution for four semesters (excluding summers) _____ Enrollment Date _____.
- I have a serious medical condition that cannot be accommodated in college housing, (A medical assessment from the student's medical physician is required. Allergies and respiratory problems are not considered sufficient for excuse from the housing requirement) _____.

I swear that the above information is true.

Signature: _____ Date: _____

Any student who wishes to appeal a housing exemption decision may do so. Appeals must be submitted in writing with any supporting documentation. The student should present the appeal to the Vice President for Student Affairs, Hunter Building Suite 204. Appeals must be received within five (5) business days from the date of the original exemption decision. Questions regarding the process should be directed to Student Affairs at (919)516-4353.

Note to student: Please return the completed housing exemption form. Along with the completed form, you will need to submit a letter from your parents or legal guardian stating you are commuting from their permanent, legal residence. This letter needs to be signed, dated and notarized. Saint Augustine's College does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, or marital status in admission to educational programs and activities, or employment practices in accordance with Title VI, Title VII, Title IX, Section 504, and ADA Act.

I, _____, am the parent or legal guardian of _____.

My home address is _____.

My son or daughter will continue to live with me at our permanent legal residence and will commute to Saint Augustine's College located in Raleigh, NC for the Fall 20____ and Spring _____ semesters.

Our home is in _____ County and is within 40 miles of Saint Augustine's College.

Parent or Legal Guardian

State of North Carolina

County of _____.

The foregoing instrument was acknowledged before me this _____ day

_____, 20____ by _____.

Notary Public

My Commission Expires:
