HOUSING EXCEPTION APPLICATION

All Lake Superior State University students enrolled for 12 or more credit hours who are within 27 calendar months of the date of their high school graduation must reside in University Housing. Only certain exceptions are granted. To be considered for an exception you must meet one of the following criteria. Please check the appropriate box and sign the bottom of the form. Please note that supporting documentation must be provided.

Name _____ ID Number _____

Phone _____ Email Address _____

Permanent Address _____

I am requesting an exception for ☐ Fall ☐ Spring 20_____

Reason requesting exception (*check all that apply*)

☐ **You are married or a single parent with children living with you.** *Submit a copy of your marriage certificate or child's birth certificate to the Housing Office along with this form.*

☐ **You are a military veteran.** *Submit a copy of your DD214 to the Campus Life and Housing Office with this form.*

☐ **You are applying for a financial exception.** *Please note, students requesting this criterion must have applied for financial aid. Financial need will be determined utilizing FAFSA information and will be based on unmet need. Financial requests should be thoroughly explained and a copy of your Financial Aid Award Letter must be submitted. This request may be submitted to the Financial Aid Office for their recommendation.*

Financial Aid Recommendation _____

Signature _____ Date _____

☐ **You are applying for a medical exception.** *Submit an appropriate physician's documentation. Please include contact information for your medical provider as they may be contacted for verification purposes.*

☐ **You are applying to live with a parent or legal guardian.** *Provide information on parent/legal guardian below.*

Requesting exception to live with: ☐ Parent ☐ Legal Guardian

Name of person residing with _____ Phone _____

Address _____

By signing below, I assert that all of the above information is true.

_____
Student Signature   Date

☐ Approved   ☐ Denied   _____
                                              Signature of Director of Campus Life and Laker Success   *Date*

OFFICE USE ONLY (Date Received _____)   (HS Grad Date _____)

(Current Assignment _____)   (U Stat _____)