

Avila University Residency Requirement Exemption Request Form

If you would like to be considered for exemption from the residency requirement, please complete this form, attach any requested documentation and return in the enclosed envelope.

Please check the appropriate responses for your situation.

I would like to apply for an exemption from the Residency Requirement Policy for the following reasons:

- I will be commuting from the principal residence of my parents or legal guardians which is located within a (50) mile radius of the Avila campus. *Parent(s) or legal guardian(s) must complete the "Live-at-Home" verification form below.*
- I am a part time student and will only be taking _____ credit hours (12hrs = full time).
- I am a graduate student.
- I am 21 years of age or older. (Birth Date _____).
- I am married or a parent with primary child-rearing responsibilities.
- I have at least junior academic standing. Total credit hours already completed _____.
- I have a special circumstance, which I feel requires me to live off campus. I have attached a detailed letter and supporting documentation to appeal my situation.

By signing this document, I am swearing to the truth and accuracy of what I have indicated above. I realize that I am under an obligation to notify, in writing, the housing personnel at Avila University of any changes to my housing status. Further, I understand that submission of completed documentation does not signify approval. Permission to live off-campus, whether granted or denied, will be communicated to me in writing. I understand that providing false information on this form will result in an administrative hold being placed on my records and possible disciplinary action until I comply with the policy.

Print Student Name

Student Signature

Date

Return in the enclosed envelope or to the Campus Life Office as soon as possible.

If you are unable to include all documentation at this time, you may submit additional information directly to the Office of Campus Life.

**Campus Life Office • Avila University • 11901 Wornall Road • Kansas City, MO 64145
(816) 501-3660 • (816) 501-2454 (fax)**

Avila University Live-At-Home Verification Form

I hereby inform Avila University that the following student _____ will be living with me as his/her parent or legal guardian (please provide guardianship documentation if not a parent) and commuting to school. The student will be residing at the following address, which is within fifty (50) miles of Avila University:

Address

City State

I realize that if the above-named student decides not to live at the above address, that, according to University Policy, he/she is required to live in the residence halls. I understand that the University may contact me to verify the above information.

Printed Name of Parent/Guardian

Telephone Number

E-mail

Parent or guardian signature

Date