

BELHAVEN UNIVERSITY

Office of Student Development

H O U S I N G E X E M P T I O N F O R M

Housing Policy:

Residence halls enhance the college experience by offering many outside the classroom educational opportunities to resident students. Close proximity to campus resources affords resident students the opportunity to become easily involved in campus activities. Resident students also tend to be more satisfied with their college experience, and are even more likely to graduate. For these reasons, all full-time freshmen and sophomores (under 54 credit hours), single and under the age of twenty-one, are required to live on campus, with the exception of those students who live off campus at the permanent address of their parents or legal guardian. Campus housing is for undergraduate students (ages 17 – 24) enrolled in the traditional program. The University reserves the right to deny on-campus housing and recommend alternative housing options.

Process for Applying for an Exception:

This form is to be completed by all students desiring to move off campus who have attempted less than 54 credit hours. Any such student who meets at least one of the criteria stated below should submit this completed form to the office of Student Development in person (located on the 2nd floor of Cleland Hall) or electronically to sdevelopment@belhaven.edu. The Residency Committee will review your request and respond within ten business days of its receipt.

Student Information:

Printed Name: _____ Student ID#: _____

Current Residence Hall: _____ Email: _____ Phone: _____

Semester for which you are requesting to move off campus: _____

Criteria:

Please select pertinent criteria

- Enrolled in fewer than 12 credits
- Married (Attach a copy of your marriage license)
- 21 or older: Birthdate: ____/____/____
- Residing at the permanent address of your parent(s)/legal guardian(s) – if so, please fill out the additional information below (*notarized letter from parent must accompany form*):

Parent/Guardian Address: _____
Street

City State Zip Code

Parent/Guardian Signature: _____ Phone: _____

My signature indicates that I have read all applicable policies and that all information provided above is accurate. I understand that providing false information to the University can result in disciplinary action, which may include full payment of room and board for the semesters affected by such false statements.

Student Signature: _____ Date: _____

4.26.2023