

# Mandatory Housing Policy Exemption Application

Department of Residence Services • PO Box 5190 • Kent, OH 44242-0001 • Phone 330-672-7000• Fax 330-672-2579

This is only an **application** for an exemption. You will receive a response from the Department of Residence Services as to the status of your request. Falsification of information or signatures provided on this form will result in the invalidation of the exemption application and possible disciplinary action.

## University Policy Regarding Student Housing

(A.) Kent State University requires that all students enrolled for 9 or more credit hours reside in a university residence hall and participate in a board plan. The requirement excludes summer sessions and is applicable until attainment of junior academic standing (60 semester credit hours/90 quarter credit hours) or the receipt of an exemption from the Department of Residence Services.

**For Academic Year 2021-2022**

\*Please check only one choice below and return the form with supporting documentation. Please note that additional information may be required before a decision can be made regarding the exemption application.

Check here if student will have junior academic standing prior to next academic year. Total credit hours completed by August 2021: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **(B.) Exemptions to this requirement must be requested in writing and submitted to the Department of Residence Services. Students not specifically granted an exemption prior to the first day of classes for the applicable semester will be considered in violation.**

## 1. Exemptions may be granted to students who meet one of the following criteria:

A medical condition prohibits student from residing in the residence halls. Detailed medical documentation to verify the situation must be provided. A completed student medical documentation form (page 4 attached) must be included with submission of the exemption application.

A severe financial hardship prohibits student from residing in the residence halls. Substantial documentation (e.g. income tax forms, bank statements, layoff notice, unemployment benefit summary, financial aid forms, welfare benefit summary, etc.) must be provided to verify this hardship exists. A completed review of financial aid status form (page 6) and a financial worksheet (page 5) must be included with submission of the exemption application. NOTE: If student is considered a financially dependent student, parental financial information must be provided.

Live and travel to class from principal residence of their parent(s) or legal guardian(s) which is located within a fifty (50) mile driving distance of the Kent Campus. Please see the Commuting Exemption Form at https://www.kent.edu/housing/mandatory-housing-policy-exemption-form/

Are active members of and live in a university recognized fraternity or sorority house, as well as maintain the established standards set forth by the Center for Student Involvement. To apply, follow the link and instructions at https://www.kent.edu/housing/mandatory-housing-policy-exemption-form/

## 2. Permanent exemptions may be granted to a student who:

Is twenty (20) years of age or older, having reached age 20 no later than the date of the first day of classes

for the applicable semester.

Is married. Student must provide a copy of a court-certified marriage certificate (not license). NOTE: A church-issued copy is not acceptable.

Is a single parent with primary childrearing responsibilities. A copy of official birth certificate(s) for child(ren) or court ordered custody documentation must be provided.

Is military personnel with one or more years of full-time active duty. A copy of the DD214 must be provided for verification.

Has completed two full-time (at least 12 credit hours per semester) academic years (excluding summers) of college enrollment. For transfer students, a copy of transcripts of previous enrollment is required. Student is responsible for obtaining transcripts or must contact previous college/university to request they be sent to the Department of Residence Services. This exemption cannot be reviewed until transcripts are received. NOTE: Kent State University’s Registrar’s Office is NOT able to provide a copy to you.

Has lived in (another) college or Kent State University on-campus housing for four semesters (excluding summers) or the equivalent. For transfer students, a letter from previous college or university verifying residency is required. This exemption cannot be reviewed without verification being attached.

Can demonstrate other acceptable extenuating circumstances. Student is responsible for providing complete documentation to verify the situation for review. Exemptions are not granted to reside in an apartment even if a lease has already been signed.

# (C.) Upon receipt, all exemption applications will be reviewed by the designated official of the Department of Residence Services. An approval or denial will be provided to the student or to the student’s KSU email address. If a student's request for an exemption is denied, she/he will have fourteen (14) days in which to submit a written appeal to the Assistant Director of Residence Services.

# (D.) Non-exempted freshman and sophomore students not residing on campus will be considered in violation of this policy and may have their records placed on “ineligible hold” with the university, thus, preventing future registration. Students in violation of this policy may be required to make up any part of a semester with a minimum of a full semester in residence, beyond the above stated residency requirement. Students determined to be in violation are no longer eligible for exemption based on the criteria listed above and the on-campus requirement must still be fulfilled.

# (E.) Presentation of falsified information may be referred to the appropriate department or to the Office of Student Conduct for further action.

# (F.) Consistent with the university’s policy of non-discrimination, the Department of Residence Services provides equal access to its programs, facilities, and employment to all persons without regard to race, color, religion, gender, national origin, sexual orientation, age, handicap, or identity as a disabled veteran or veteran of the Vietnam Era, although buildings and areas are pre-designated for male and female occupancy and on the basis of accessibility.

# (G.) From time to time, specific policies relating to safety, security, and good order of student residential life shall be promulgated by proper authorities, and these policies shall be binding on those affected.

KSU Logo

# Mandatory Housing Policy Exemption Application

Please PRINT student information clearly

This form is NOT for commuting from a guardian/parent primary address. Please see https://www.kent.edu/housing/mandatory-housing-policy-exemption-form/ for the correct form.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

University ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House/Apt. Number – Street – P.O. Box City State Postal/ZIP Code

Contact Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kent State email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@kent.edu

This application is for: \_\_\_\_ Fall 2021 \_\_\_\_ Spring 2022

**If requested exemption reason is medical, the completed student medical documentation form (page 4) must be included.  
If requested exemption reason is financial, the completed student financial documentation forms (page 5 and 6) must be included.**

I understand that presentation of falsified information may be referred to the appropriate department or to the Office of Student Conduct for further action.I have read and understand the University Policy Regarding Student Housing as stated in Section (A.) and understand that a violation of the policy could affect my ability to register for future classes or have transcripts released.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of **student** Date (mm/dd/yy)

**For Office Use Only/ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Exemption Request Reason: | Decision Date: \_\_\_\_\_\_\_\_\_\_\_\_ |
| * Medical | * Approved by \_\_\_\_\_\_\_ |
| * Severe Financial Hardship | * Denied by \_\_\_\_\_\_\_ |
| * Extenuating Circumstances | * Request for more Information by \_\_\_\_\_\_\_ |
| * Credit Hour |  |
| * 20+ Years Old |  |
| * Marriage | * Emailed Decision on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Single Parent | * HMS Updated |
| * Military | * Application cancelled and PPD refunded |
| * 2 Years at Other Institution | (if applicable) by \_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_ |

**Kent State University Department of Residence Services**

# STUDENT MEDICAL DOCUMENTATION FORM for mandatory housing policy exemption

**Only to be completed by a Physician if reason for exemption is medical**

**For Students: If requested exemption is medical, this form MUST be returned along with the rest of the housing policy exemption application form.**

, is applying for an exemption from the mandatory housing requirement. I certify that the above listed patient has been under my medical care for a period of time (from/to) with a diagnosis of:

***Please complete this form in its entirety.***

**I. Medical Condition – Attach additional pages on letterhead as needed for full documentation**

A. Please provide detailed information about the illness/injury, date it first occurred, treatment plan, follow-up visits, expected duration, special equipment needed, and medication being taken.

B. Please specifically explain the student’s medical condition as related to living in on-campus housing.

C. What is the housing environment you are recommending? Why?

**II. Environment**

A. Please explain the effect of residence hall living on the student’s condition.

B. Please comment on the suitability of other residence hall living options, i.e. quiet floors, single rooms, apartment style, etc.

C. Please comment on the advantages of the alternate living space proposed by the student.

By my signature, I certify that the above information is correct and that my records and diagnostic tests confirm the need for the change in residence requested.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature Date Signed Printed Physician Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Address & Phone Number

# FINANCIAL WORKSHEET – RESIDENCE SERVICES HOUSING POLICY EXEMPTION

**If requested exemption is financial-related, the two financial forms MUST be returned along with the rest of the housing policy exemption application form.**

Student Name:

Kent State ID number: Date:

| **Expected Expenses If On Campus:**  *Note:* *To arrive at semester amounts, multiply monthly expenses by four* | **Expense** | **Fall Semester** | **Spring Semester** |
| --- | --- | --- | --- |
| Room Charges by semester: |  |  |
| Meal plan charges by semester: |  |  |
| Tuition charges by semester: |  |  |
| Book charges by semester: |  |  |
| Educational incidentals: |  |  |
| Transportation (car, gas, insur.): |  |  |
| Living Expenses (food, etc.): |  |  |
| Other: |  |  |
| SEMESTER TOTAL: |  |  |
| ACADEMIC YEAR TOTAL: |  |  |

| **Expected Expenses If Approval is Granted:**  *Note:* *To arrive at semester amounts, multiply monthly expenses by four* | **Expense** | **Fall Semester** | **Spring Semester** |
| --- | --- | --- | --- |
| Room/Apt/House by semester: |  |  |
| Tuition charges by semester: |  |  |
| Book charges by semester: |  |  |
| Educational incidentals: |  |  |
| Transportation (car, gas, insur.): |  |  |
| Living Expenses (food, etc.): |  |  |
| Other: |  |  |
| SEMESTER TOTAL: |  |  |
| ACADEMIC YEAR TOTAL: |  |  |

| **Sources of Income** | **Amount** |
| --- | --- |
| Work: \_\_\_\_\_Hours/Wk x $ \_\_\_\_\_\_/hr x 4 weeks = $\_\_\_\_\_\_\_ monthly | |
| Parent’s Contribution: | /Sem |
| Scholarships: | /Sem |
| Student Loans (Stafford): | /Sem |
| Parent(s) Loan (Plus): | /Sem |
| Grants (Pell, OIG, etc.): | /Sem |
|  | /Sem |
|  | /Sem |
| Work Study: | /Sem |
| Break of Summer Employment: | /Sem |
| Other (Investments, trusts, etc.): | /Sem |
| SEMESTER TOTAL: | /Sem |

**Kent State University Department of Residence Services**

# REVIEW OF FINANCIAL AID STATUS

**ONE STOP FOR STUDENT SERVICES OFFICE MUST COMPLETE IF REASON IS FINANCIAL.**

Student Name:

Kent State ID number: Date:

Select an option to receive the completed form if you are **not** visiting the One Stop for Student Services for completion in person:

( ) Pick-up at One Stop (48 hr. processing) ( ) KSU e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please choose **one** of the following options:

1. **I have been awarded, at least, one of the following: grant, scholarship, tuition waiver, or student loan**

\_\_\_\_\_\_ I am awarded one of the options above and will attach the printout of my financial aid awards (FlashLine) with the completed Application submitted to the Department of Residence Services.  
  
To print your Financial Aid Awards, log on to FlashLine at https://login.kent.edu

1. Choose the Student tab on the left column

2. Under Finances tab click on Financial Aid

3. Select "Financial Aid Awards"

4. Choose the Award Year from the drop-down box and click Submit

5. Click on the Award Overview tab

6. Click on the Print button (highlighted in blue)

1. **I will not apply for FAFSA, scholarships, tuition waivers or alternative loans and/ or I am not eligible to receive financial aid or not awarded due to additional documents requirements.**

I certify that I have not received any financial aid awards as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (today’s date)

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE ONE STOP FOR STUDENT SERVICES**

\_\_\_\_\_\_\_\_This student is awarded financial aid and viewable on the Student’s FlashLine account

\_\_\_\_\_\_\_\_This student **is not** receiving federal student aid because:

\_\_\_\_ the student has not applied for federal student aid, received scholarships, tuition waivers

\_\_\_\_ the student’s application for federal student aid is partially complete

( ) documents submitted for review/processing ( ) documents still required

\_\_\_\_ the student is currently ineligible for federal student aid

One Stop Staff Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One Stop Staff Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Notified Form Completed \_\_\_\_\_\_\_\_\_\_

This is the only page of the exemption that needs to be submitted to One Stop for Student Services. You can submit it for processing in the following ways:

* In Person: One Stop for Student Services, 1st floor, University Library (Kent Campus)
* Contact Us: www.kent.edu/onestop
* Fax: 330-672-6001