Washington State University
Freshman Residency Requirement for Undergraduates
Request for Waiver

Name: Last Name First Name Student ID # Date of Birth Semester

Temporary Address City State Zip Phone

Current Local Address City State Zip Local Phone

Proposed Local Address City State Zip email address

WAC 504-24-030 explains the undergraduate housing requirement for WSU. Students who are married, 20 years old or have a legal dependent living with them are exempt from this requirement. If you are found to be eligible for this waiver, you are still responsible for all penalty fees as a result of breaking your contract. **If you do not meet any of these criteria, you will be required to live on campus.** You will be notified of the committee decision via email.

**Check One Option:** Please check your reason for requesting an exemption to the freshman residency requirement

☐ I have attended an institution of higher education (post High School) as a regularly enrolled student for at least two regular semesters or three regular quarters, excluding summer sessions. **This option does not apply to students with Running Start credits. Running Start students are considered freshman students with college credits. Include Documentation:** Transcript, official or unofficial

☐ I will be living with an immediate family member. Spouse, mother and/or father, legal guardian, aunt and/or uncle, or grandparents **ONLY** qualify as “immediate family”. Family must live within a 40 mile radius of WSU. **Include Documentation:** Name, relationship to student and address of immediate family member. Birth certificates/marriage license showing relationship of the immediate family. A copy of phone or electric bill showing family members name and address. A letter from the immediate family member verifying you are living with them.

☐ I have submitted the completed **Verification of Disability/Chronic Health Condition** from my licensed medical provider and my student **personal statement** that describes how living in recognized student housing would have detrimental effects on my physical health and/or emotional well-being. **Include Documentation:** 1. Verification of disability for FLIR considerations filled out by a medical doctor and 2. A Student Personal Statement.

☐ I can demonstrate that living in recognized student housing would cause a financial hardship due to a change in circumstances or limited financial options. Unwillingness to accept loans and inability to break a lease are not defined financial hardships. **Include Documentation:** Copy of financial aid award information, budget sheet showing expenses related to living on campus, and any additional information that clarifies an extraordinary financial circumstance.

*I swear that the information provided by me on this form, plus any additional documentations included with this request, is correct and truthful.*

Student Signature Date

Please Return the Completed Form and Documentation to:
Freshman Residency Review Committee
PO Box 641724
Pullman, WA 99164-1724
Phone: 509 335-1227 Fax: 509 335-3415