



Division of Student Affairs

FIRST YEAR RESIDENCE EXEMPTION REQUEST FORM

Office of Residence Life
276-328-0214 phone | 276-376-1068 fax | wisehousing@uvawise.edu | www.uvawise.edu/reslife

1 College Avenue, Wise VA 24293

A completed Application for Campus Housing through the online Housing Portal (available at my.uvawise.edu) must accompany this form for an exemption request to be considered. Exemption requests must be submitted by August 1. Requests filed after August 1 will not be considered.

Exemption requests are reviewed by the Housing Appeals Committee and the Chair of the Committee will notify the student in writing via email as to the final decision.

Student Information

NAME _____ **DATE OF BIRTH** ____/____/____
LAST FIRST M. I.

HOME ADDRESS _____
MAILING ADDRESS (PO BOX/STREET) CITY STATE ZIP COUNTRY

HOME PHONE () _____ **CELL PHONE** () _____

REASON FOR REQUEST _____

Please attach a sheet if additional space is needed.

Proposed Living Arrangement

Head of Household Name _____ **Phone** () _____
Street Address/PO Box _____ **City** _____ **State** _____ **Zip** _____

Required Signatures

My signature below indicates that I understand and agree that an exemption requested under false pretenses or containing false or misleading information may result in significant judicial action to the involved students, including the possibility of suspension and liability for back charges of room and/or board costs.

STUDENT SIGNATURE _____ **DATE** ____/____/____

AND

My Signature below certifies that the information on this form is accurate and that my son/daughter is living at the location indicated above with the above-mentioned head of household. I also understand the penalties for submitting inaccurate information.

PARENT/GUARDIAN SIGNATURE _____ **DATE** ____/____/____

****OFFICE OF HOUSING & RESIDENCE LIFE USE ONLY****

Date received ____/____/____ EXEMPTION GRANTED EXEMPTION DENIED RESON _____

Housing Exemption Committee Chair Signature _____ **DATE** ____/____/____