Duquesne University CAMPUS RESIDENCY WAIVER REQUEST

Name			
Class: (circle one)	Freshman	Sophomore	
Request for: (circle one)	Fall 20	Spring 20 Entire Academic Year	
Home Address*			
Campus Address		Cell Phone	
* If your home address wil	l be changing,	please note your new address here:	
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Freshmen and sophomores attending Duquesne University of the Holy Spirit are required to live on campus in accordance with the Campus Residency Policy. As such, compliance is a condition of a student's enrollment to Duquesne University. The policy can be viewed on-line at <u>www.residencelife.duq.edu</u>.

This form must be completed and approved by the Director of Residence Life, for any student who is requesting to be exempt from this policy.

Please circle the reason for the request for a waiver. All documentation should be attached to this waiver form.

- 1. Completion of four full semesters of academic work.
- 2. Residing with a parent or legal guardian.
- 3. Enrollment as a part-time student.
- 4. Students who are married.
- 5. Students with one or more dependent children in their custody while attending Duquesne University.
- 6. Students who are military veterans who completed at least two years of full-time active military service.
- 7. Students over the age 21.
- 8. Students with physical or psychological circumstances such that the University cannot provide appropriate housing.

In order to be considered, this waiver request must be submitted to the Office of Residence Life with the completed Campus Residency Waiver Notarization Form.

Student Signature			
	Approved	Not Approved	
Assistant Director of Residence Life	11		Date

Duquesne University CAMPUS RESIDENCY WAIVER NOTARIZATION FORM

State/Commonwealth of)
) SS
County of)

Before me, a Notary Public in said County and Commonwealth, personally appeared ______, to me known to be the person whose name is subscribed to the foregoing acknowledgement and duly acknowledged that the executed same as and for his/her free act and deed and desires that the same be recorded as such.

WITNESS my hand and Notarial Seal this _____ day of ____, 20____.

Notary Public