

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 will be changing, please note your new address here:

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 www.residencelife.duq.edu.

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 _____ Date _____

Associate Director of Residence Life Approved Not Approved _____
Date _____

