

Housing Exemption Form



Name: _____ Date of Birth: _____

Student ID: _____ Classification: _____ Cumulative GPA: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell Phone: _____

Would like to keep your meal plan: [] yes [] no

Which of the following qualifications do you meet (check all that apply):

- [] I am 21 years old as of _____
- [] I am taking less than 12 hours this semester and will not add additional hours of study to my schedule before the final date of registration
- [] I am married and/or have children in my custody
- [] I have completed 6 semesters of living in the residence halls at Louisiana Christian University
- [] I am living locally with my parent and/or guardians within 50 miles of campus***

*****If you are living locally with Parent(s)/Guardian, A parent/guardian must fill out the following**

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____ Secondary Contact: _____

(by signing this you are verifying that your student will be living at home with you and commuting back and forth to school. Violations will result in disciplinary action)

Signature of Parent/guardian **Date**

Signature of Student **Date**

Received by: _____
Date request was submitted: __/__/__ [] Pending [] Denied [] Approved
[] Approved until student graduated
[] Approved for one semester
[] Denial letter sent