FRANKLIN COLLEGE RESIDENCE LIFE OFFICE
Request for Exception to Residency Requirements

This form is to be utilized when a student wishes to request one or more of the following exceptions to the residency requirements: off-campus residency, on-campus residency with less than full-time enrollment, exemption from the board plan. The College's residency and board requirements are:

"Room and board are a package plan. <u>All students living in a residence hall will automatically be included on the college board plan. This also applies to Winter Term residents</u>. Students residing in fraternity houses which do not offer food service are also required to board at the student dining room in the student center. Medical exceptions supported by a physician's written statement submitted to the Student Affairs Office will be considered, if the college food service is unable to meet the specific needs of the student.

<u>Eligibility</u>--Unless special permission is granted by the Dean of Students, you must be a full time student regularly attending classes at Franklin College in order to occupy a residence hall room. All students are required to live in college residence halls or fraternity houses except:

- **a. students residing with parents, spouses, or legal guardians.**
- **b. students with military veteran status.**
- **c. students who secure a medical release from both their family physician and the college physician.**
- **d. senior year students who have 91 or more credit hours.**
- **e. students who appropriately petition and are granted permission by the Dean of Students.**

Students who fail to qualify for one of these exceptions will be billed automatically at the current lowest room rate.

<u>Occupancy</u>- With the exception of conferences and special programs, only students who are officially registered for full-time coursework at Franklin College may reside in campus residences. This policy extends through the winter and summer sessions, as well."

Please print or type

Name:_____ **Social Security #:** _____
First **MI** **Last** **Or Student ID # (Continuing students only)**

Current Address: _____ **Current Phone: (_____)** _____

Permanent Home Address (street): _____

City, State & Zip Code:
Home Phone: (_____) _____ **Date of Birth** _____ **Gender: ____ Male ____ Female**

Semester Hours Completed: _____ **Semester Hours in Process:** _____ **Expected graduation date:** _____

Exception Requested For (check): ❍ Fall ❍Winter ❍Spring ❍ Summer Year:_____

Nature of Exception:
❍ Exception to Residency Requirement
❍ Exception to Board Requirement
❍ Exception to Full-Time Enrollment Requirement

Rationale for Request (please attach appropriate documentation from physicians - nature of dietary restrictions; employers - verifying employment of at least 30 hours on company letterhead; and/or parents - providing clarification to financial need, change in family circumstance, medical concern, etc.; as appropriate) If space provided is not sufficient, please attach a separate letter.:

_____
_____
_____
_____
_____
_____
_____

Student Consent: By my signature, I am authorizing a member of the student affairs staff to contact my parent(s), physician, employer, and/or financial aid to confirm the accuracy of information provided and/or to clarify any information provided in conjunction with this request.

Signature: _____ Date: _____

FOR OFFICE USE ONLY: Date Request Received: _____ Approved: ❍Yes ❍No