

University Campus ~ MC 2068 Post Office Box 6665 Saint Leo, FL 33574-6665 Office: (352) 588-8268

Fax: (352 588-8901

REQUEST TO BE EXEMPT OR TERMINATE HOUSING

This completed form and any supporting documentation should be returned to the Office of Residence Life. Once all necessary information is received in our office a decision will be rendered.

Name	Dat	e of Birth	Age
Student ID		Credits Earned	Class
Residence Hall/Room			
Phone			
Reason for Request (Please che	eck all that apply. I	Documentation independent of narrative is rec	quired for asterisked items.)
All University campus students	MUST live o	n campus. Exceptions to the pol-	icy include:
housing made by a student Residence Life.); Married; or living locally was Military Veteran with two yas Registered for less than 12. Living at home with legal paradius of the saint Leo Universidential documentation subtraction residential housing/ and or Internship or student teaching Withdrawing:	28 years of ag while pregnant years of active hours; parent(s), legal versity Campu ostantiating the Meal Plans (re ng responsibil Financial	or with minor children; service; guardian(s), or in family owned s Location as determined by the existence of a disability that carequires Office of Accessibility Services that require an extended abs	sence from the Saint Leo campus.
NamePrinted		Signature	 Date
			Date
AddressNumber & Street		City & State	Zip Code
cost of a standard double room and th first week of class will be charged for charges will be prorated through the f of locks, damages and etc. will be place	e standard meal pone week of room ifth week of class eed on my student	n occupancy. After the first week of class and that refunds are not issued after fif account.	released from their housing agreement within the ses, full room charges will apply. I understand meal th week of class. Any other charges such as recoring
Students who move off campus must re UTS building during regular working			eir last day in residence. Laptops are due back to the
Student			
Printed		Signature OFFICE USE ONLY	Date
Termination/Exemption	☐ Denied	\square Approved	
			ity issued and/or owned property on continued to be billed to your student account.
Residence Life Staff	Printed	Signature	D
	1 IIIICU	Signature	Date