

Residence Life

Request for Exemption from Residency Requirement

Many years of experience and research have proven that living on-campus greatly enhances the college experience. Students who live on campus have higher grade point averages, graduate sooner, and persist to graduation at rates significantly higher than those who live off campus. Easy access to classes, the library, tutoring, recreation, and other services all contribute positively to the college experience. The opportunity to live and interact with other students who come from many diverse backgrounds also enrich the college experience. For these and many other reasons, Montana State University-Northern is proud to offer our students on-campus living options and indeed, require first year students to live on-campus. Specifically, our policy is that students who have fewer than 30 total semester credit hours are required to live in the residence halls.

We of course recognize that not all students can take advantage of living on-campus. If you are one of them, please review the criterion listed below for exemption from residency listed below and determine if you qualify. If you meet one of the criteria and you would like to apply for exemption, complete and submit this form with supporting documentation to the Dean of Students, Steve Wise. You may drop this form off at the Student Union Building Information Desk, mail it to Steve Wise, MSU-N, 207 Student Union Building, 1200 Buttrey Dr., Havre, MT 59501, or email it to steven.wise@msun.edu

Name:		Date:		
Last	First	MI	Date Of Birth:	
Cell Phone:	Email:			
Adress.				
Address: P.O. Box/Street Address		City	State	Zip
High School You've Graduated I	From/Year:			
Please check your reason for req □ Married (<i>Please attach a co</i>		· _	ıt:	
□ Single Parent (<i>Please attach</i>				
□ Completed one full academi				
□ Completed one full academi	•			
College/Location)				
□ Living with a family membe				r legal guardian at their
principle, established local res	idence within a commutable d	listance. Please submit 1) a	a copy of utility bill	showing the address or
lease for proof of address and	2) a letter from your family	member stating their nam	e and contact infor	mation and their
relationship to you.				
\Box Registered for fewer than set	even credits per term.			
Medical/Disability Condition	n: A medical or disability con	dition that precludes you fi	rom living in the res	sidence halls.
Other extenuating circumsta	nces other than financial that	compel an exception. Pleas	se explain: (Attach	additional pages as
needed.)				
I understand that if this request	t is denied, I will be expected	to apply for, and live on ca	ampus.	
By signing this form, you are s	stating that the information yo	u have provided is accurate	e and true.	
Student Signature			Date	
□ Approved				
 Denied 	(Steve Wi	se, Dean of Students)	Date	
		st, Dean of Students)	Dail	