



2009 – 2010 Housing Waiver Request

NORTHWOOD UNIVERSITY – Department of Residential Life
 2600 North Military Trail, West Palm Beach, FL 33409 • 561.681.7958

Office Use Only	
Rcvd:	_____
Decision:	_____
Notified:	_____

The Florida campus requires that all students reside in on-campus housing unless they meet one of the following criteria. If you do not meet any of the criteria, but wish to request to be exempt from this residency requirement, please complete the appropriate sections below and attach a letter detailing the reasons for your request. You will receive notification of the University's decision related to your request within two (2) weeks of the receipt of your request. All appeals, not pertaining to one of the eligibility requirements for waiving housing listed below, must be submitted in care of the Office of the Academic Dean of Students.

Please print neatly. Return this form to the Department of Residential Life.

Student Information				
Name: Last		First MI		
Student Number:				
Permanent Address: Street City State Zip				
Home Phone: () -		Preferred Phone: () -		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:		Email:	
2009-10 Class Standing <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		# of Credits Previously Earned:		
Waiver Criteria				
I request to be exempt from the residency requirement because:				
<input type="checkbox"/> I am a veteran of the United States military. <input type="checkbox"/> I am 21 years of age or older. <input type="checkbox"/> I am married. <input type="checkbox"/> Prior to my enrollment at the Florida Campus at Northwood University, I have maintained a legal residence within Palm Beach County. <input type="checkbox"/> I have earned 90 Northwood University credits or more (or their equivalent)				
Living With Family Member				
If you do not meet one of the criteria listed above, but plan to live with a relative within fifty miles of the Northwood University Florida Campus, please complete the following information. You must have a parent or legal guardian sign this form and have the form notarized.				
Name of Relative: Last		First		
Relationship to Student:				
Address: Street City State Zip				
Home Phone: () -		Alternate Phone: () -		
Parent or Legal Guardian: I certify that the individual listed above is a relative of the student lives at the address listed above full-time, and will accept responsibility for the student making this request.		Notary Public Stamp/Seal and Signature		
Complete in the presence of a notary public.	Printed Name:			
	Signature:			

Signature of Student: _____ Date: _____