

East Central University

Freshmen Residence Requirement

Exemption Request



All freshmen students are required to live on campus unless they meet one or more criteria to be exempt from the Freshmen Residence Requirement. This form and all supporting documents may be delivered to the Office of Housing and Residence Life, Administration building room 102, or mailed to Housing and Residence Life, 1100 E 14th Street, PMB R-7, Ada, Oklahoma 74820. **This form will not be accepted after the first ten days of classes during the fall and spring semesters.**

Student Information:

Full Name: _____ ECU ID #: _____
Address: _____ Phone #: _____
City/State/Zip: _____ Email: _____

I am requesting an exemption from the ECU Freshmen Residence Requirement for the following reason (check one):

☐ I reside with my parent(s) or legal guardian(s) full-time in their primary residence within a 35-mile radius of Ada, Oklahoma. Required documentation (copy of one of the following): current utility bill, lease, mortgage, or recent Federal Income Tax return (SSN and income may be blocked out). * this form must be notarized with signatures from the student and parent or legal guardian.

☐ I am 21 years of age or older. Required documentation: Proof of age (birth certificate, copy of passport, or government issued ID).

☐ I have other circumstances. Please choose one below and provide explanation if necessary.

☐ I am married. Required documentation: Copy of marriage license.

☐ I have a dependent who lives with me. Required documentation: copy of birth certificate(s) or a copy of your Federal Income Tax return showing exemptions claimed for dependent(s) (SSN and income may be blocked out).

☐ I have other extreme circumstances. Please provide explanation and all supporting documents.

I, _____, declare that the student named above is my son/daughter/legal ward appointed by a court and will reside in my primary residence listed above as a freshman student at East Central University. I declare that this student will commute to and from classes from this address for the entire academic year. I declare that if this student moves out of my residence, I will notify the Office of Housing and Residence Life and this student will move back into the residence halls within 5 days.

Parent/Legal Guardian Signature _____

Date _____

I understand that submitting false information to the University is a violation of the Student Code of Conduct (Section IV. B) and may result in disciplinary action and/or financial penalties.

Student Signature _____

Date _____

Subscribed and sworn before me this ____ day of _____, 20____.

Notary Public: _____

FOR OFFICE USE ONLY:

Staff _____

Date _____

Approved Y/N _____

Reason _____