

Freshman Exemption Request

The University of Cincinnati Housing Policy

All unmarried first-year students, or transfer students not transferring 45 credit hours or more, who are not residing with their parents inside a 50-mile radius of the main campus, are required to live in the residence halls during their first academic year.

First-year students whose parents reside inside a 50-mile radius of the main campus are required to live either with their parents, on campus in a UC residence hall, or in University-Affiliated Housing.

University-Affiliated Housing is comprised of two properties; University Park Apartments and Stratford Heights.

In special circumstances, students may request for an exemption from the above University policy. **Exemptions** are considered on the following grounds: **financial, medical/psychological, marriage, and other**. To apply for a Freshman Exemption, complete this form and the **Statement of Rationale section**. Your summary should outline and explain your reasons for requesting Freshman Exemption. Page three of this packet lists documentation required to support your exemption request. The Associate Director of Housing and Food Services will review all requests on an individual basis.

Name: _____ **Student ID #: M** _____

Present

Address: _____
(street)

(city)

(state)

(zip code)

Present

Phone Number: _____
(day) _____ (evening)

Email Address: _____

Information below refers to the person(s) you intend to reside with.
(Write N/A if not applicable)

Name of Landlord: _____

Name of Roommate(s) and/or Relative(s)*:

(name)

(relationship)

(name)

(relationship)

*If living with a relative, a letter from the relative must be submitted with this form. This letter must document that you will be residing with them and their relationship to you. Additionally, you will need to provide information requested for a financial release.

**Address of
Intended
Residence:**

(street)

(city)

(state)

(zip code)

Phone Number:

Mail your completed packet to: Office of Housing and Food Services
University of Cincinnati
PO Box 210045
Cincinnati, OH 45221-0045

A response will be given by Agreements and Assignments within two weeks of receipt.

Statement of Rationale

This section is to be completed by the student.

This form is to be used to summarize your reasons for requesting an exemption from the Freshman residence policy. **Use another sheet if additional space is needed.**

Signature: _____

Date:

A request does not automatically secure an exemption. An exemption is formally granted in writing from the Associate Director of Housing and Food Services. Unless you receive an exemption, you are required to live within the residence hall community during your Freshman year.

Please submit form via email to uchousing@uc.edu, fax to 513-861-6816, or mail to 2634 Stratford Avenue, Bldg. 16, Cincinnati, OH 45220.

Financial

To be considered for an exemption on financial grounds, you must document a significant and unanticipated change in your financial circumstances incurred since the time you signed the agreement. You must present the following information:

1. The comparison sheet between current living expenses and anticipated expenses in your proposed alternative.
2. If you are a dependent student as defined by the Financial Aid office, copies of your own and your parent's or guardian's W-2's* and tax returns for the previous year, along with a complete listing of your current financial assets (e.g. checking/savings statements) and obligations (e.g. bills, loans, etc.)
3. If you are an independent student, your own W-2's* and tax returns for the previous two years and a complete listing of your current financial assets (e.g. checking/savings statements) and obligations (e.g. bills, loans, etc.)
4. Documentation regarding the change in the student's or other financially responsible person's circumstances, for example:
 - Employment loss: Letter from employer stating and circumstances of termination, date of notification of termination, length of layoff, and any benefits received.
 - Unforeseen expenses: Bills from auto repair, home repair, health care, or other services, along with insurance and benefits reimbursements, co-pay requirements, etc.

* You may substitute your Federal Student Aid Report for W-2's

Medical/Psychological

To be considered for an exemption on medical/psychological grounds, you must document medical or psychological conditions and how living in the residence halls would be detrimental to your health. Your physician must complete and return the MEDICAL DOCUMENTATION form. Please note that all medical documentation is subject to review by University Student Health Services. **As most people in the Cincinnati area suffer allergies no matter where they live, allergies are not considered an acceptable reason for an exemption.** This is supported by University Student Health Services.

Marriage

To be considered for an exemption on grounds of marriage, you must document your marriage or impending marriage to occur within two (2) weeks. You must present the following information:

A marriage certificate for a completed marriage; or a marriage license for an impending marriage within two academic weeks. Certificate of completed marriage must be presented within 30 days.

Other

For all other exemptions, you must meet with the Associate Director of Housing and Food Services to determine what documentation is needed. The desire to live elsewhere, roommate conflicts, or hall related concerns are not grounds for release.

**University of Cincinnati
Office of Housing and Food Services
MEDICAL DOCUMENTATION FORM**

To be completed by Physician

_____ is requesting an exemption from the University of Cincinnati Housing policy. The information you provide will help us to determine whether or not we grant an exemption to the student from this policy for medical reasons. Please complete this form in its entirety.

A. Please specifically explain the student's medical condition as related to living on campus.

B. What type of living situation do you recommend?

C. Why?

By my signature, I certify that the above information is correct and that my records and diagnostic tests confirm the need for the change in residence requested. I agree to release those records to John S. Andrews, Jr., M.D., MPH, Director of University Health Services (513-556-6016) upon request. I understand that the medical records I send will be kept in the student's confidential medical file.

Physician's Signature

Date Signed

Name of Physician _____

Address _____

Office Number _____

By signing below, I agree to have my doctor release any medical records requested to John S. Andrews, Jr., M.D., MPH, Director of University Health Services upon request. I understand that the medical records I send will be kept in my confidential medical file at University Health Services.

Student's Signature

Date Signed

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