



Off Campus Housing & Meal Exemption

Valid For: Fall / Spring _____

Date: _____

Student Personal info

Name: _____ ID Number: _____

Gender: Male / Female Other

Classification: Freshman Sophomore Junior Senior Graduate

Phone Number: (____) _____

University Email: _____

Off-Campus Address: _____

Emergency Contact (Parent/ Guardian)

Name: _____ Relationship: _____

Address: _____

Phone Number: (____) _____

No Exceptions

Students not meeting one of the 8 criteria **MUST** seek authorization from the Dean of Students or Lead Resident Director

Exemption Codes: Code _____

- | | |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Married Student | 7. International Student |
| 2. Senior Status (91+ Credit hours) | 8. Local Commuter (Living w/ Parents or legal guardian in nearby communities: Xenia, Wilberforce, Fairborn, Yellow Springs, Dayton, Cedarville) |
| 3. Age (21+) | |
| 4. Medical Reasons (Documentation Required) | |
| 5. Single Parent w/ Custody | |
| 6. Parent Authorization | |



Off Campus Housing & Meal Exemption

I understand that with the Meal and Housing Exemption, I will not be able to enter the cafeteria without paying for meals. I will not utilize another student's meal validation or attempt to reside in any residence hall / lounge overnight.

I agree and understand that if I am found in violation of this Meal and Housing Contract, it will constitute cancellation of the Meal and Housing Exemption and Funding will be added back to my account.

Student Signature: _____

Approved _____ **Denied** _____