

Winthrop University - Division of Student Affairs - Department of Residence Life

TWO YEAR ACADEMIC LIVE-ON REQUIREMENT EXEMPTION REQUEST FORM

All newly admitted fulltime first year students, and transfer students entering Winthrop University with less than 24 credit hours, are required to live on campus for their first two years of attendance (4 academic semesters not including the summer term) unless they live within a 50-mile radius with a parent/guardian; are 21 years of age; are married; or a single parent. If you think you are eligible for an exemption, fill out this form and return it for approval to: The Department of Residence Life, 237 DiGiorgio Campus Center, Rock Hill, SC, 29733. Do not assume your request is approved unless you receive an approval from The Department of Residence Life.

Name: _____ Permanent Phone _____
Last First MI Cell Phone (opt) _____
Student ID Number _____ E-mail _____

I am requesting an exemption from the Winthrop University Two Year Academic Live-On Requirement. The specific qualifying factor is:
1. _____ I will reside in the principle residence of my parent(s)/guardian within a 50 mile radius of Winthrop University during my first and second full year of enrollment.

Student Signature _____ Date _____

I certify (must be notarized) that the student listed above will be living in my principle residence at the address listed below for the full first and second year of enrollment:

Parent/Guardian Name: _____

Address _____

Parent/Guardian Signature _____ Date _____

Notary Public Certification: State of _____ County of _____

I, _____ a Notary Public for said County and State, do hereby certify that the above named persons personally appeared before me, this _____ day of _____, 20_____.

Notary Signature _____ My commission expires _____

- 2. _____ I am married or a single parent student (Please attach documentation)
3. _____ I am 21 years of age. List Birth Date _____
4. _____ I am a military veteran (please attach documentation)
5. _____ Other Compelling Individual Circumstances (Please upload a statement and/or documentation)
• Examples: Fully online classes for the fall semester, may be asked to move back in the spring
• Medical documentation that you or a member of your household is high risk for COVID-19

Submission after July 28, 2020, will be charged a \$300 Cancellation fee

Student Signature _____ Date _____

Failure to comply with the Two Year Academic Live-On Requirement and/or providing false or misleading information in connection with a request for exemption is a violation of the Student Conduct Code and may result in cancellation of enrollment and revocation of student status at Winthrop University

Returning students who fail to submit an exemption request form prior to the contract cancellation deadlines listed below are subject to the associated cancellation fees:

Office Use Only Date Received _____ Date of Student Notification _____
_____ Approved _____ Denied

Local Address Verified _____ Date _____ Initials _____ 7/20