SAN DIEGO STATE UNIVERSITY
UNIVERSITY HONORS PROGRAM
LIVE-ON REQUIREMENT EXEMPTION FORM FOR LOCAL SERVICE AREA STUDENTS

Submit completed forms and documentation to:
Live-On Requirement Exemption Request
San Diego State University
University Honors Program
5500 Campanile Drive
San Diego, CA 92182-1623

Name ___________________________________________ Red ID ___________________________
  Last Name  First Name  MI

Address __________________________________________

Home Phone ___________________________ Cell Phone ___________________________

Email __________________________________________

Please indicate your exemption status below. To view requirements for supporting documentation; please refer to page 3.

☐ Married/Domestic Partnership and/or with Legally Dependent Children
☐ Independent Student Status
☐ Medical and/or Disability Circumstances
☐ Work Experience and/or Care Provider Requiring a Live-In Situation
☐ Other

To ensure timely consideration and notification by the May 1, 2011 Intent to Enroll deadline, please submit the form and documentation to the University Honors Program Office no later than April 15, 2011 for the Fall 2011 semester.

It is highly recommended that you submit a Student Housing License Agreement for 2011-2012 prior to or at the same time as your exemption request as student-housing preferences are considered, as students will be assigned a space depending on availability on a first-come, first-serve basis. If you delay submitting or do not submit a License Agreement while awaiting your exemption decision and your request is denied, you may not receive your preferred housing choices.

If you have questions regarding your exemption, please contact our office at (619) 594-2872.

I hereby certify that all information provided is true and correct.

_________________________________________________ __________________________
Signature Date

Office Use Only
Date Received: _______________________

Documentation Provided: Yes No

Exemption Granted: Yes No

_________________________________________________ __________________________
UHP Signature Date
To: University Honors Program Office

From: __________________________________________

Student’s RedID ______________________________________________________________

____________________________________________________

Student’s Last Name   First Name   MI

_________________________________________________________

Permanent Street Address   City   State   Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the San Diego State University is permitted to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

_____ Yes. I certify that my parents claim me as a dependent for federal income tax purposes.

_____ No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: __________________________________________   Date: ________________

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that San Diego State University may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by the San Diego State University as appropriate. This authorization will remain in effect for the 2011-2012 school year*. 

*Students cannot be denied any educational services from the San Diego State University if they refuse to provide consent.

If parents live at the same address, please list both in #1.

1. __________________________________________   2. __________________________________________

Name(s)   Name(s)

_________________________________________   ___________________________________________

Address   Address

_________________________________________   ___________________________________________

City, State, Zip Code   City, State, Zip Code

_________________________________________   ___________________________________________

Telephone   Telephone

Students cannot be denied any educational services from the San Diego State University if they refuse to provide consent
Married/Domestic Partnership and/or with Legally Dependent Children – Copies of the marriage certificate, domestic partnership agreement and/or child's birth certificate and proof of child custody are required.

Independent Student Status – If you are independent for federal financial aid, as defined by the Free Application for Federal Student Aid, submit your exemption request with a photocopy of your SDSU Financial Aid Award Notification (print a copy from your SDSU AidLink record).

Medical and/or Disability Circumstances – Exemption requests for medical or disability reasons must be submitted as early as possible with required documentation to the Student Disabilities Services Office (SDS). Appropriate medical documentation, including a description of diagnosis, must be provided by a licensed physician. The letter must be typed (not hand written) on the physician’s letterhead stationary and must include a statement of how living in the residence halls is not recommended. SDS will render a decision and notify the student and the Office of Housing Administration.

Work Experience and/or Care Provider Requiring a Live-in Situation – If it is verified that the student has a job requiring that they live in to maintain their employment, an exemption may be granted. A release due to work requiring living in must include the appropriate employment verification including a notarized statement from the employer.

A release due to a live-in situation for an illness/care provider must include the appropriate medical documentation including a description of diagnosis provided by a licensed physician or appropriate clinician (i.e. social worker, etc.). The letter must be typed (not hand written) on the physician/clinician’s letterhead stationary and must include a statement of how living in the residence halls will affect the applicant’s work experience or care providing.

Other – Where it can be conclusively demonstrated that special circumstances exist which would create a substantial personal hardship. Verification of the special circumstances will be required.