

**EXEMPTION APPLICATION  
TWO-YEAR HOUSING REQUIREMENT**

Last \_\_\_\_\_ First \_\_\_\_\_ Banner ID \_\_\_\_\_

Term Applied for Exemption:       Fall \_\_\_\_\_       Spring \_\_\_\_\_

Permanent phone: \_\_\_\_\_      Cell phone: \_\_\_\_\_

I am requesting an exemption from the Winston-Salem State University Two-Year Residency Requirement based on the following reason:

|                          | Reason  | Required Documentation   |
|--------------------------|---|--|
| <input type="checkbox"/> | I am now/or will be 21 years of age or older prior to the first day of class  | Copy of birth certificate  |
| <input type="checkbox"/> | I am married  | Copy of marriage license   |
| <input type="checkbox"/> | I have custody of dependent children  | Copy of child's birth certificate                                |
| <input type="checkbox"/> | I am a veteran who has completed two years of active military service   | Copy of military service record                                  |
| <input type="checkbox"/> | I live with my parent(s)/guardian(s) whose current permanent primary place of residence is not more than 15 miles from campus | Copy of proof of residence and physical mailing address          |
| <input type="checkbox"/> | I have a compelling personal circumstance   | Letter describing your circumstance and supporting documentation |

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Requests for exemption must be received in the Department of Housing and Residence Life Administrative Operations office on or before the following schedule:

- First day of class for fall semester
- November 15 for spring semester

For information regarding requests for exemptions, please contact Housing and Residence Life at 336-750-3471 or visit our website at <https://www.wssu.edu/housingapp>.

**For Office Use Only**

Date Exemption Request Received: \_\_\_\_\_

Decision: \_\_Approved \_\_Denied      Date: \_\_\_\_\_      Initials: \_\_\_\_\_

Date Decision Letter Mailed: \_\_\_\_\_

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Date Appeal Received: \_\_\_\_\_

Appeals Committee Decision \_\_Approved \_\_Denied      Date: \_\_\_\_\_

Date Appeal Decision Letter Mailed: \_\_\_\_\_