

THE OFFICE OF UNIVERSITY HOUSING AND DINING SERVICES  
EASTERN ILLINOIS UNIVERSITY  
CHARLESTON, IL 61920  
(217)581-5633

APPLICATION FOR AN EXCEPTION TO THE FRESHMAN HOUSING POLICY

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)

STUDENT ADDRESS \_\_\_\_\_  
Street Address City St Phone

All freshmen must live in university residence halls until all residence hall space has been exhausted. Exceptions to this policy are listed below and require documentation to be considered.

**Please indicate your reason for applying for an exemption:**

\_\_\_\_ I have resided in a residence hall for two semesters at any university. Attach copy of fall **and** spring semester housing bills. (Two summer sessions count as one semester.)

\_\_\_\_ I am married. (Attach courthouse copy of marriage certificate)

\_\_\_\_ I am twenty one years of age. (Attach courthouse copy of birth certificate)

\_\_\_\_ I am residing at home with my parents, or legal guardian. (Please complete notarized section below.)

\_\_\_\_ I require special housing by reason of medical necessity that cannot be provided by the university. (Attach statement from physician that has been approved by an EIU physician.)

**TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC (fill out if residing with family)**

\_\_\_\_\_, my son/daughter, is living at  
Student

\_\_\_\_\_, with parent or legal guardian.  
Address

Parent/Guardian signature \_\_\_\_\_.

Student signature \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, the person known to me to be

\_\_\_\_\_ did appear before me and attest to the above.

\_\_\_\_\_  
Notary Public for the State of Illinois

(SEAL)

\_\_\_\_\_  
Residing at

\_\_\_\_\_  
My commission expires