

## Office of Student Life

## Freshman and Sophomore Live –on Requirement

## Request for Exemption

Name of Student		
Permanent Telepl	hone	Student ID
Permanent Street	Address	
Address you will r	eside during the School Yea	ar
Cell Phone Numb	er	Date of Birth
Semester (s) Exen	npting Fall Spring S	ummer
following exempt will be use to veri will be subject to	ions. By signing this docum ify the information provided University Student Code of	ve in University Housing unless they meet one of the lent, you understand that your permanent student record dibelow. If this information is found to be inaccurate, you Conduct Sanctions. Please check the exemption that mentation to the Office of Resident Life.
Reasons for Exem	ptions: Documentation Rec	quired
Currently resi	ide in Thomas, Leon, Grady,	Brooks, Colquitt, or Mitchell counties
Taking only o	nline coursework *copy of s	student schedule
Active Militar	ry * copy of military identific	cation
21 years or ol	lder * copy of driver's licens	se
Transfer stud	ent with 30 + semester hou	rs * will verify with student record
Married * cop	py of marriage license	
Special consid	deration request * attach pe	ertinent documentation
Thomas Universit	ty reserves the right to app	rove or deny the request based on established criteria.
Student Signature		
Approved	Not Approved	

Vice President for Student Life