

**PETITION FOR WAIVER FROM EOU LIVE-IN REQUIREMENT**

Please print in blue or black ink

Name: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Last First MI Permanent Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Student ID Number: \_\_\_\_\_ Term Applied for Exemption: \_\_\_\_\_

I am requesting exemption from Eastern Oregon University's housing requirement. The specific qualifying factor is:

\_\_\_\_A. RESIDENCY: I will reside in the principle residence of my parent(s) or legal guardian(s) within Union County during my first year of enrollment.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the student above will be living in my principle residence for the first full year of enrollment at the address below.  
ADDRESS REQUIRED:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_B. MARRIAGE: I am married or in a registered domestic partnership.  
(Please attach a legal document.)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_C. DEPENDENTS: I have dependents living with me.  
Please list their names and ages: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_D. EXCEPTION: Please attach a detailed letter explaining your situation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to comply with the with the Live-In Requirement and/or providing false or misleading information in connection with a request for exemption may result in cancellation of enrollment and revocation of student status at Eastern Oregon University.**

**Requests for exemption must be submitted no later than the following schedule: Thirty days prior to the start of each academic term.**