



Mandatory Housing Policy Exemption Application

University Housing • PO Box 5190 • Kent, OH 44242-0001 • Phone 330-672-7000 • Fax 330-672-2579

This is only an **application** for an exemption. You will receive a response from University Housing as to the status of your request.

University Policy Regarding Student Housing

(A.) Kent State University requires first-and second-year students enrolled for 9 or more credit hours on the Kent Campus to reside in the university's residence halls and participate in a residential meal plan. The requirement excludes summer sessions and is applicable until attainment of junior academic standing (60 semester credit hours or the receipt of an exemption.

For Academic Year 2024-2025

*Please check only one choice below and return the form with supporting documentation. Please note that additional information may be required before a decision can be made regarding the exemption application.

- ☐ Check here if student will have junior academic standing prior to next academic year. Total credit hours completed by August 2024: _____

(B.) Exemptions to this requirement must be requested through the process designated by University Housing. Students not specifically granted an exemption prior to the first day of classes for the applicable semester may be considered in violation.

1. Exemptions of up to one year may be granted to students who:

- ☐ Live and travel to class from principal residence of their parent(s) or legal guardian(s) which is located within a fifty (50) mile driving distance from the Kent Campus. **Please see the Online Commuter Form at <https://www.kent.edu/housing/mandatory-housing-policy-exemption-form/>**

Are active members of and live in a university-recognized fraternity or sorority house, as well as maintain the established standards set forth by the Center for Student Involvement. **To apply, follow the link and instructions at <https://www.kent.edu/housing/mandatory-housing-policy-exemption-form/>**

Can demonstrate other acceptable extenuating circumstances.

2. Permanent exemptions may also be granted to a student who:

- ☐ Is twenty (20) years of age or older, having reached age 20 no later than the date of the first day of classes for the applicable semester.
- ☐ Has signed documentation from a current physician that extenuating circumstances exist because on campus housing options cannot address the medical need.
- ☐ Is married. Student must provide a copy of a court-certified marriage certificate (not license). NOTE: A church-issued copy is not acceptable.
- ☐ Is a single parent with primary childrearing responsibilities. A copy of official birth certificate(s) for child(ren) or court ordered custody documentation must be provided.
- ☐ Is military personnel with one or more years of full-time active duty. A copy of the DD214 must be provided for verification.
- ☐ Has completed two full-time (at least 12 credit hours per semester) academic years (excluding summers) of college enrollment. For transfer students, a copy of transcripts of previous enrollment is required. Student

is responsible for obtaining transcripts or must contact previous college/university to request they be sent to University Housing. This exemption cannot be reviewed until transcripts are received. NOTE: Kent State University's Registrar's Office is NOT able to provide a copy to you.

- ☐ Has lived in (another) college or Kent State University on-campus housing for four semesters (excluding summers) or the equivalent. For transfer students, a letter from previous college or university verifying residency is required. This exemption cannot be reviewed without verification being attached.
- ☐ Can demonstrate other acceptable extenuating circumstances. Student is responsible for providing complete documentation to verify the situation for review. Exemptions are not granted to reside in an apartment even if a lease has already been signed.

(C.) Upon receipt, all exemption applications will be reviewed by the designated official of University Housing. An approval or denial will be emailed to the student or to the student's KSU email address. If a student's request for an exemption is denied, the student will have fourteen (14) days in which to submit a written appeal University Housing.

(D.) Non-exempt first-and second-year full-time students not residing on campus will be considered in violation of this policy and may have their records placed on "ineligible hold" with the university, thus, preventing future registration.

(E.) Presentation of falsified information may be referred to the appropriate department or to the Office of Student Conduct for further action.

(F.) Consistent with the university's policy of non-discrimination, University Housing provides equal access to its programs, facilities, and employment to all persons without regard to the protected categories as listed in university policy 3342-5-16 although there are some residence hall rooms pre-designated for male and female occupancy and on the basis of accessibility.



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Please PRINT student information clearly

This form is NOT for commuting from a guardian/parent primary address within 50 miles. Please see <https://www.kent.edu/housing/mandatory-housing-policy-exemption-form/> for the online Commuter Form.

Name: _____

Last	First	Middle Initial
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University ID Number: _____

Permanent Address: _____

House/Apt. Number - Street - P.O. Box	City	State	Postal/ZIP Code

Contact Telephone: _____ Kent State email address: _____@kent.edu

This application is for: ____ Fall 2024 ____ Spring 2025

If requested exemption reason is medical, the completed student medical documentation form (page 4) must be included.

If requested exemption reason is financial, the completed student financial documentation forms (page 6 and 7) must be included.

I understand that presentation of falsified information may be referred to the appropriate department or to the Office of Student Conduct for further action. I have read and understand the **University Policy Regarding Student Housing** as stated in Section (A.) and understand that a violation of the policy could affect my ability to register for future classes or have transcripts released.

Signature of **student** _____ Date (mm/dd/yy) _____

For Office Use Only/ Date Submitted: _____

Exemption Request Reason:

- ☐ Severe Financial Hardship
- ☐ Extenuating Circumstances
- ☐ Credit Hour
- ☐ 20+ Years Old
- ☐ Marriage
- ☐ Single Parent
- ☐ Military
- ☐ Extenuating Circumstances (Medical)
- ☐ Two full years on another residential campus

Decision Date: _____

- ☐ Approved by _____
- ☐ Denied by _____
- ☐ Request for more information by _____
- ☐ Emailed Decision on _____
- ☐ HMS Updated
- ☐ Application cancelled and PPD refunded
(if applicable) by _____ on _____
- ☐ New Incoming

KENT STATE UNIVERSITY HOUSING
STUDENT MEDICAL DOCUMENTATION FORM FOR MANDATORY HOUSING POLICY EXEMPTION
ONLY TO BE COMPLETED BY A PHYSICIAN IF REASON FOR EXEMPTION IS MEDICAL

For Students: If requested exemption is medical, this form MUST be returned along with the rest of the housing policy exemption application form.

Physician: please fill out the remainder of this page in its entirety.

Kent State University policy requires all freshman and sophomore status students to reside in University Housing unless an exemption is granted. One such exemption may be granted when a student's medical provider can attest that extenuating circumstances exist because on campus housing options cannot address the student's medical need.

_____ is applying for an exemption from the mandatory housing requirement at Kent State University based on medical need.

The following are housing options that may be available to students either through the disability accommodation process, or to any student subject to availability. This is not an exhaustive list, and accommodations for disabilities require registration and approval through Student Accessibility Services.

Single Room	Private Kitchen Access
Private Bathroom	Semi-Private Bathroom in Room (in room, shared with 1 other student)
Roll-in Shower for Wheelchair Access	Transfer Shower for Wheelchair Access
Room with a Strobe Light	1 st Floor Housing
Air Conditioning	Semi-Private Bathroom in Room (in room, shared with more than 1 student)
Registered dietician for consult for food allergies & options (available to any student upon request)	

By my signature, I certify that the above listed patient has been under my medical care for a condition that would not allow them to live on campus, even if a housing option like those listed above were provided. Therefore, it is my recommendation the student be permitted to live off campus.

Physician Signature Date Signed

Printed Physician Name

Physician Practice, Address, and Phone Number

KENT STATE UNIVERSITY HOUSING REVIEW OF FINANCIAL AID STATUS

ONE STOP FOR STUDENT SERVICES OFFICE MUST COMPLETE IF REASON IS FINANCIAL.

Student Name: _____

Kent State ID number: _____ Date: _____

Select an option to receive the completed form if you are **not** visiting the One Stop for Student Services for completion in person:

() Pick-up at One Stop (48 hr. processing) () KSU e-mail: _____

Please choose **one** of the following options:

A. I have been awarded, at least, one of the following: grant, scholarship, tuition waiver, or student loan

_____ I am awarded one of the options above and will attach the printout of my financial aid awards (FlashLine) with the completed Application submitted to the Department of Residence Services.

To print your Financial Aid Awards, log on to FlashLine at <https://login.kent.edu>

1. Choose the Student tab on the left column
2. Under Finances tab click on Financial Aid
3. Select "Financial Aid Awards"
4. Choose the Award Year from the drop-down box and click Submit
5. Click on the Award Overview tab
6. Click on the Print button (highlighted in blue)

B. I will not apply for FAFSA, scholarships, tuition waivers or alternative loans and/ or I am not eligible to receive financial aid or not awarded due to additional documents requirements.

I certify that I have not received any financial aid awards as of _____ (today's date)

Student Signature: _____

TO BE COMPLETED BY THE ONE STOP FOR STUDENT SERVICES

_____ This student is awarded financial aid and viewable on the Student's FlashLine account

_____ This student **is not** receiving federal student aid because:

_____ the student has not applied for federal student aid, received scholarships, tuition waivers

_____ the student's application for federal student aid is partially complete

() documents submitted for review/processing () documents still required

_____ the student is currently ineligible for federal student aid

One Stop Staff Member _____ Date _____

One Stop Staff Title _____ Student Notified Form Completed _____

This is the only page of the exemption that needs to be submitted to One Stop for Student Services. You can submit it for processing in the following ways:

- In Person: One Stop for Student Services, 1st floor, University Library (Kent Campus)
- Contact Us: www.kent.edu/onestop Fax: 330-672-6001