## ROBERT MORRIS UNIVERSITY TWO-YEAR RESIDENCY WAIVER REQUEST FORM

Request for: (circle one) ☐ Fall 2021	□Academic Ye	ear 2021-2022	☐Spring 2022	
Check one: (Current Standing) □Freshma	an □Sophomore □	Junior □Senior		
Name RMU ID#: Please Print				
Please Print				
City	State	StateZip Code		
Residency Policy: First and second year stu- on campus in accordance with the Two-Year student's enrollment to Robert Morris Unive Students requesting to be exempt from this check the reason or reasons for the reque- waiver form.	idents attending Rob ar Residency Policy. rsity. policy must comple	ert Morris Unive As such, compli te this form and	ersity are required to live ance is a condition of a receive approval. Please	
√ Reason	Required Docume	Required Documentation		
I completed 60 credit hours or more of academic work	Please provide a course transcript of your completed credits.			
I am residing with a parent or legal guardian	Includes a signature from the parent or legal guardian with current contact information and telephone number.			
I am enrolled as a part-time student		Please attach a class schedule that shows you will have part-time status (fewer than 12 credits).		
I am married and live with my spouse	Please provide p	Please provide proof of marriage.		
I have one or more dependent childrer in my custody while attending RMU	Please provide p	Please provide proof of dependent custody.		
I am a military veteran who has completed at least two years of full-time active military service	Please provide proof of a veteran status.			
I am over the age of 21	Please provide a passport.	Please provide a copy of your driver's license or passport.		
Transferring to another institution	Name of institution	Name of institution:		
Other – Please Specify				
The Waiver Form and supporting docume students will be notified of the decision via e		wed by the Offi	ce of Residence Life and	
Student Signature Te	lephone Number		Date	
	lephone Number		Date	
Parent/Guardian Name (Please Print)				
FOR OFFICE USE ONLY				
APPROVED FOR: □Fall	□Spring	Year	(s):	
NOT APPROVED DIR. OF RESIDENCE LIFE		DATE		
DIN. OF RESIDENCE LIFE		5415		