

Date Fees Applied (if applicable):

Request for Exemption to the First Year Mandatory Housing Requirement

All first-year students are required to live on campus unless they meet one or more criteria to be exempt from the residency requirement. Students must complete this form to apply for exemption. Decisions regarding the request will be sent in writing upon review by the housing committee. **The deadline to submit this form for the fall 2025 semester is June 30, 2025 and the spring 2026 semester is November 1, 2025.** For more information, please contact the Office of Housing & Residence Life at (757) 823-8407 or visit http://www.nsu.edu/residentiallife. The form and supporting documents may be submitted to housing@nsu.edu or mailed to Housing & Residence Life, Suite 100, Residential Complex, Norfolk State University, 700 Park Avenue, Norfolk, VA 23504.

FIRST-YEAR STUDENT INFORMATION:	
Full Name:	NSU ID#:
Address:	Home Phone #:
City/State/Zip:	Cell Phone #:
Birthdate:	Email:
one): □ I am 21 years of age or older. Required document of the University. Required current utility bill, lease or mortgage, or a copy of blocked out). Documentation must verify student requesting an exemption due to residency with parable obtain the signature of a notary public. The form legal guardian. □ Married. Required documentation: Copy of married. Required documentation: Copy of married. I have a dependent who lives with me. Required Federal Income Tax return showing exemptions of I am a part-time student (less than 12 credit hours □ Active-duty military status. Required document command. □ Financial hardship. Required documentation: A exemption (parent's recent job loss, loss of financial to live on campus. Student is required to have cocounselor to discuss various options prior to subtractions my signature below, I acknowledge the documentation.	documentation: Copy of birth certificate(s) or a copy of your claimed for dependent(s). s a semester). Attach a typed, written explanation supporting a hardship cial aid, significant out-of-pocket expense to cover the costs ampleted the FAFSA and have spoken with a Financial Aid mitting an exemption request based on financial hardship). ation I have provided is authentic. I also acknowledge that providing thent Code of Conduct and I may be subject disciplinary action.
HRL Staff Use Only	
Date Received:	Staff Received:(Please print)
Date of Housing Committee Meeting:	Request: Approved (Please print) Not Approved
Executive Director Signature:	Date

Staff Name: