



Request for Waiver of the First Year Campus Residency Requirement
University of Maine Farmington

Priority Deadline for Consideration is June 1.

Name (First, MI, Last) _____ Student ID # _____

Phone Number _____ E-mail Address _____

Address (Street, City, State, Zip) _____

Anticipated Address, if residency waiver request is approved

Address (Street, City, State, Zip) _____

I am requesting exemption from the UMF First Year Student Campus Residence Requirement. I understand that I must still submit an online housing application. I have obtained the appropriate signature verifying the authenticity of my request and have submitted required documentation that supports my qualifying factor(s).

___ I reside in the principal residence of a parent or legal guardian within a 35-mile radius of UMF.

___ I am 21 years old prior to the opening day for the residence halls as specified in the academic calendar for the term for which the waiver is requested.

___ I am living with my spouse and/or children

___ I am a military veteran.

___ I am a transfer student with 24 or more college credits.

___ I have a medical hardship that requires me to make other living arrangements

- Statement of your situation
- Documentation from a qualified physician on official letterhead indicating a medical problem and how it specifically affects your ability to live in any residence hall on campus, and specifically note how your proposed alternative housing will remedy your medical concern

___ I have a financial hardship that requires me to make other living arrangements

- Statement of your situation

___ Other _____

Please be sure to include sufficient documentation in support of your request. Requests and supporting documentation can be e-mailed to UMFHousing@maine.edu, faxed to (207) 778-8190, or mailed to the following address:

University of Maine Farmington
Attn: Housing
111 South Street
Farmington, ME 04938

Signature: _____ *Date:* _____

Office Use Only

Committee Decision: Approved Denied

Reviewed by: _____

Date _____ *Notification Date* _____