Residential Living Waiver

Office of Housing and Residence Life
Station 39 | 1500 S Ave K | Portales, NM 88130
Phone: 575.562.2631 | Fax: 575.562.4321

❑ Approved ❑ Not Approved

Date: _____ Initials: _____

All students who are under the age of 21 on the first day of class of the fall semester and who have earned fewer than 30 semester hours after graduation and who are enrolled for 12 or more semester hours must live in University residence halls and purchase a meal plan. The Carte Blanche meal plan provides unlimited meals during regular hours in the Crossroads Café Dining Hall. Exceptions to the residential/meal plan requirement may be granted to students living with a parent, married and/or having a dependent child. Review of requests will require at least two working weeks. Failure to provide complete documentation may delay this. Students should submit requests as early as possible to avoid time delays due to a large number of last-minute requests. Denied requests may be appealed to the vice president for Student Affairs.

Information (all fields required)

Semester and year(s) I am applying for: ❑ Fall 20 _____ ❑ Spring 20 _____

Name: _____
First Middle initial Last

Social Security number/ID number: _____ **Email address:** _____

Phone number: _____ **Cell phone number:** _____

Permanent address: _____
Address City State ZIP

Exemption Category (choose one)

30 Hours/Two Semesters (we will check our records to confirm this information)

I am applying because: ❑ I have accumulated 30 hours. ❑ I have completed two semesters.

Married/Dependent Child/21 Years of Age (submit documentation with this waiver for verification)

❑ Copy of marriage certificate (for marriage exemption) ❑ Copy of child's birth certificate (for dependent child exemption) ❑ Copy of driver's license (for age exemption)

Medical Exemption (must be accompanied by a doctor's note)

Physician's name: _____ Phone number: _____

Address: _____
Address City State ZIP

Exemption and Notary

I am applying for: ❑ Meal plan only exemption ☑ Other

This section must be accompanied by a detailed letter describing why exemption should be extended to you before your waiver will be addressed.

I understand this is a sworn statement to the state of New Mexico and affirm all information is correct and factual to the best of my knowledge. Any manner of misrepresentation on this form may constitute "Falsification of Records" which is a violation of University policy and is punishable through the University's judicial system. In addition, I may be responsible for charges to my University account for a room and/or meals.

The above named student will be living at my permanent legal address listed.

_____
Relative's signature

_____
Date

Notary seal

Subscribed and sworn before me at

_____
City and state

_____
Notary public signature

_____
Date commission expires

I will be living with the relative listed above at their permanent legal address listed.

_____
Student's signature

_____
Date

Notary seal

Subscribed and sworn before me at

_____
City and state

_____
Notary public signature

_____
Date commission expires

Student signature: _____ Date: _____

ENMU
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