



# Residential Living Waiver

Office of Housing and Residence Life | ENMU Station 39  
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**For Official Use Only:**  Approved  Not approved **Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**All Students who are under the age of 21 on the first day of class of the fall semester, have earned fewer than 30 semester hours after graduation and are enrolled for 12 or more semester hours must live in University residence halls and purchase a meal plan.**

**Exceptions to the residential/meal plan requirement may be granted to students living with a parent, taking all online classes, have a medical exemption, married and/or have 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.**

## Applicant Information

**I am applying for the following semester(s):**  Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_

**Student name: Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**ENMU ID number:** \_\_\_\_\_ **ENMU email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile phone:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

## I Am Applying Because (Please Select One Option):

- I am local and want to live at home.
- I have completed 30 credit hours or two semesters.
- I am taking all online classes and want to live at home.
- I am married, have a dependent child or am 21 years of age. **You are required to provide a copy of your marriage certificate, child's birth certificate or a copy of your driver's license.**
- I have a medical exemption. You are required to provide a doctor's note and the following information:

**Physician's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Other (Please specify): \_\_\_\_\_

## Acknowledgement and Signature

**I am applying for the following exemption:**  Meal plan only  Housing and meal plan

**\*Please attach a detailed letter describing why exemption should be extended to you.\***

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.

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Student printed name	Student signature	Date

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

**Relative's permanent address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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Relative printed name	Relative signature	Date

**I will be living with the relative listed on this form at their permanent legal address.**

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Student printed name	Student signature	Date