

**Request for Exception to the Residency Policy  
2020-2021 Off-Campus Housing**

Name (print): \_\_\_\_\_ ID Number: \_\_\_\_\_

**All exceptions to the residency policy for must be requested through the Residence Life Office, ideally by Friday, July 31, 2020. Please complete this form and email as an attachment, along with any supporting materials requested, to [res\\_life@cornellcollege.edu](mailto:res_life@cornellcollege.edu).**

Only students who meet one of the following criteria may request exception to the residency policy. Please indicate the reason(s):

- I will live with my parent or guardian whose primary, permanent residence is within a 30-mile radius of Mount Vernon.
- I am married and can provide a copy of my marriage license.
- I have my child(ren) living with me and can provide a copy of their birth certificate.
- I will have lived in college housing the equivalent of eight semesters by the end of the current year (supporting documentation is required for transfer students).
- I have served in the armed forces and can provide proof of service.
- I will be 23 years of age or older by September 1<sup>st</sup> of the next academic year.
- I only have one block or two consecutive blocks of class per semester.
- I have a COVID-19 related reason and can provide supporting information.
- I have special medical need which I have verified by having my provider complete the [Documentation of Medical and/or Psychological Conditions form](#) and have submitted this document to the Residence Life Office for consideration.

Students approved for an off-campus exception (as opposed to the off-campus lottery) are eligible to choose no meal plan, the 5-meal plan, the 7-meal plan or the full meal plan (14 or 20 meals). Any student not granted off-campus approval will be subject to the meal plan expectations of whatever housing assignment to which they are assigned.

Meal plan preference: \_\_\_\_\_

Students not living at their parent or guardian's full-time, permanent residence will be required to provide and maintain their off-campus address. Details on providing that information will be provided by Residence Life.

*I certify that the statements on this form are true and correct. I understand that providing false information is a violation of College policy and will result in disciplinary action.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

You will be notified of your off-campus status by e-mail. **Do not sign a lease** until you have obtained written authorization to live off-campus from the Director of Residence Life or their designee.

<b>Residence Life Office Use Only</b>		
Date Received _____	Initials _____	Meal Plan Requested _____
<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied	<input type="checkbox"/> Letter Sent _____