

**REQUEST FOR EXEMPTION  
Off Campus Fraternity House**

Students seeking exemption for any other reason other than living in an approved off-campus fraternity chapter should view our other exemption request forms located at [ucmo.edu/housingforms](http://ucmo.edu/housingforms).

Students seeking a medical or disability accommodation exemption to campus residency should contact the Office of Accessibility Services at 660-543-4983 or [access@ucmo.edu](mailto:access@ucmo.edu). Exemption requests related to the conditions listed below should be submitted prior to the residence halls opening for the semester for which you are applying for exemption.

*Students 21 or over prior to the date that the halls open for the semester and/or with 60 or more UCM accepted credit hours need not apply*

**ACKNOWLEDGMENT OF INFORMATION AND PROCEDURES:**

- In accordance with memorandum of understanding with *Theta Chi / Delta Chi / Tau Kappa Epsilon* chapters with the University of Central Missouri, exemption requests related to the conditions listed below should be submitted prior to the residence halls opening for the semester for which you are applying for exemption. **Students filing for exemption two weeks into the semester for which they are requesting exemption will be billed a processing fee of \$50.**
- This form is for students submitting requests for exemption **who are actively and permanently living in an approved chapter house in accordance with memorandum of understanding with a student's specific chapter: Theta Chi, Delta Chi, or Tau Kappa Epsilon**
- I understand this is an application for exemption from UCM's residential policy, BOG policy 5.1.020. Release from the requirement is subject to approval by the office of University Housing at the University of Central Missouri. If denied, I am required to carry out the residential requirement of residing on campus or pay the applicable penalty fee. **It is not recommended to make off-campus residency plans until official approval is given.**
- If approved, the exemption is for only one academic year (or semester if applied for beginning with spring semester). A new exemption form is required for each additional academic year until the residency requirement is satisfied.
- Submission of an exemption request **does not** supersede or void an existing residence hall agreement (unless submitting prior to start of fall semester).
- Please note that students must actively be living in the approved chapter house. Note that residing at any other location does not qualify for this exemption.
- Student athletes on scholarship who receive aid that covers more than 12 credit hours of in state tuition per semester are not eligible for exemption from on campus residency. An approved exemption will be nullified. Should a student then receive an athletic scholarship covering more than 12 credit hours of in state tuition.



Student's Name: \_\_\_\_\_ Student ID # (700#): \_\_\_\_\_

Address, including city/state/ \_\_\_\_\_ Student Email Address: \_\_\_\_\_

I am requesting exemption for the following semester(s) **(Check all that apply):**      FALL 2024      SPRING 2025

**Student will be living with (please check one):**

Delta Chi Chapter House for 2024-2025      Theta Chi Chapter House for 2024-2025      Tau Kappa Epsilon for 2024-2025

As a student, I understand that the Theta Chi, Delta Chi or Tau Kappa Epsilon chapter house is NOT University property nor managed by the University. All billings and financial obligations of residing in the **Theta Chi, Delta Chi or Tau Kappa Epsilon** property are handled by the Fraternity and NOT the University. I understand this exemption is only for residing in either the **Theta Chi, Delta Chi or Tau Kappa Epsilon chapter house (Chapter of which I am a member)** and no other off-campus housing.

**I have read and understand above statement** \_\_\_\_\_ **(Student Signature)** \_\_\_\_\_ **(Date)**

As student and as parent, legal guardian, or guardian, I have read the Board of Governors Residential Requirement Policy and agree to this request for exemption from the University of Central Missouri Board Of Governors Residential Requirement Policy. If any of the above information is inaccurate or falsified, I understand the University of Central Missouri reserves the right to fulfill the Board of Governors Policy and assess charges to the student account for room and board as per the terms in the UCM University Housing Agreement.

**I certify the above information is correct** \_\_\_\_\_ **(Student Signature)** \_\_\_\_\_ **(Date)**

**NOTARIZATION REQUIRED:**

|  |             |                          |             |
|--|-------------|--------------------------|-------------|
|  |             |                          |             |
| <b>Parent/grandparent/legal guardian signature</b> | <b>Date</b> | <b>Student Signature</b> | <b>Date</b> |

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this day \_\_\_\_\_ in the year \_\_\_\_\_, do certify that that \_\_\_\_\_

\_\_\_\_\_ (student and parent/grandparent/legal guardian listed), known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

**Notary Public:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Notary Seal:**