

ROBERT MORRIS UNIVERSITY

Name _____ RMU ID#: _____

Please Print

Street Address _____

City _____ State _____ Zip Code _____

Residency Policy: First and second-year students attending Robert Morris University are required to live on campus in accordance with the Two-Year Residency Policy. As such, compliance is a condition of a student's enrollment to Robert Morris University. The Residency requirement is supported by national studies that suggest residents are more likely to persist and leave with higher GPAs. Residents are also more likely to have deeper and more meaningful relationships with other students.

Students requesting to be exempt from this policy must complete this form and receive approval. Please check the reason or reasons for the request for a waiver. All documentation should be attached to this waiver form.

I am requesting for: _____ Fall 2024 _____ Spring 2025 _____ Academic Year 2024-2025 _____ Two-year waiver

√	Reason	Required Documentation
	I completed 60 credit hours or more of academic work	Please provide a course transcript of your completed credits.
	I am residing with a parent or legal guardian within 60 driving minutes of campus	Includes a signature from the parent or legal guardian with current contact information and telephone number.
	I am enrolled as a part-time student	Please attach a class schedule that shows you will have part-time status (fewer than 12 credits).
	I am married and live with my spouse	Please provide proof of marriage.
	I have one or more dependent children in my custody while attending RMU	Please provide proof of dependent custody.
	I am a military veteran who has completed at least two years of full-time active military service	Please provide proof of veteran status.
	I am over the age of 21	Please provide a copy of your driver's license or passport.
	Other – Please Specify	

The Waiver Form and supporting documentation will be reviewed by the Office of Residence Life and students will be notified of the decision via email.

Student Signature Telephone Number Date

Parent/Guardian Signature Telephone Number Date

Parent/Guardian Name *(Please Print)*

FOR OFFICE USE ONLY			
APPROVED FOR:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	Year(s):
NOT APPROVED			
DIR. OF RESIDENCE LIFE			DATE