Duquesne University
CAMPUS RESIDENCY WAIVER REQUEST
Rising Sophomores Fall 2020 only

Name__________________________________________________________

Home Address* ____________________________ Campus Address__________________________
Cell Phone__________________________

* If your home address will be changing, please note your new address here:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Sophomores attending Duquesne University of the Holy Spirit are required to live on campus in accordance with the Campus Residency Policy. As such, compliance is a condition of a student’s enrollment to Duquesne University. The policy can be viewed online at www.residencelife.duq.edu.

For Fall 2020, a limited number of rising sophomore may be approved for exemption from the Campus Residency Policy. Reasons that fall outside of the eight criteria designated below should be listed in item number nine. A letter of support from the student’s parent or guardian must also be included. A limited number of students will be approved for exemption. Approved students are no longer eligible for the Housing Lottery or Group Housing and will be added to a waiting list if they decide that they want to live on campus.

Please circle the reason for the request for a waiver. All documentation should be attached to this waiver form.

1. Completion of four full semesters of academic work.
2. Residing with a parent or legal guardian.
3. Enrollment as a part-time student.
4. Students who are married.
5. Students with one or more dependent children in their custody while attending Duquesne University.
6. Students who are military veterans who completed at least two years of full-time active military service.
7. Students over the age 21.
8. Students with physical or psychological circumstances such that the University cannot provide appropriate housing.
9. Other Reason:________________________________________________________________________

This form must be completed and approved by the Associate Director of Residence Life, for any student who is requesting to be exempt from this policy. In order to be considered, requests must be submitted to the Office of Residence Life by February 14, 2020.

__________________________________________ Date

__________________________ Approved ____________________ Not Approved ___________
Student Signature

__________________________ Date
Associate Director of Residence Life