

LINDENWOOD

U N I V E R S I T Y

Exemption Request for Athlete Residency Requirement

Name _____
Last First

Email _____
Phone _____

Student ID _____

Term for exemption _____

Sport _____

I am requesting an exemption from Lindenwood University's Athlete Residency Requirement. The reasons are:

- a. _____ I am a full-time graduate student.
- b. _____ I am Married. (Attach a copy of the marriage certificate).
- c. _____ I have custody of a dependent child. (Attach a copy of the child's birth certificate).
- d. _____ I am now or will be under the age of 17 years old.
- e. _____ I am now or will be 25 years or older.
- f. _____ I have a medical circumstance. (Include any and all documentation you feel is important).

Providing false information to support this request will result in sanctions.

Please keep in mind that submitting an appeal does not guarantee approval.

For any information concerning a request for exemptions, please contact the Residential Life Office at (636) 949-4848 or reslife@lindenwood.edu.

For Official Use Only

Date Exemption Request Received _____

Decision: Approved Denied Date: _____ Initials: _____
