

LINDENWOOD

U N I V E R S I T Y

Exemption Request for Freshman Residency Requirement

Name _____
Last First

Email _____
Phone _____

Student ID _____

Term for exemption _____

I am requesting an exemption from Lindenwood University's Freshman Residency Requirement for first year freshman. The reasons are:

- a. _____ I am now or will be 21 years old as of the first day of classes.
- 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 a veteran serving on active duty. (Attach a copy of DD 214).
- e. _____ I have a personal circumstance. (Include any and all documentation you feel is important).

Providing false information to support this request will result in sanctions that may include withdrawal of an offer of admission to Lindenwood University.

Requests must be submitted to the Admissions Office by the dates listed below to be considered:

- July 1st for the fall term
- December 1st for the spring term

For any information concerning a request for exemptions, please contact the Admissions Office at (636) 949-4949 or admissions@lindenwood.edu.

For Official Use Only

Date Exemption Request Received _____

Decision: Approved Denied Date: _____ Initials: _____
