



# 2021 Spring Semester Off-Campus Request Form

For Office Use Only:

Received Date/Time _____
By: _____
Class-Cohort _____ Draw # _____ EFC _____

Name: \_\_\_\_\_ College ID number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ @ Hendrix.edu

Started at Hendrix \_\_\_\_\_ / \_\_\_\_\_  
Month/Year      FR SO JR SR  
Circle One

Current Spring Housing Assignment: Building \_\_\_\_\_ Room/Apt # \_\_\_\_\_

<b>Future Off-Campus Address MUST be on file by first day of classes or penalties/sanctions may be imposed.</b>
Future Off-Campus Local Address: _____ City: _____ Zip: _____
Roommate's information in case of emergency:
Name: _____ Relationship: _____ Phone: _____

Reason for requesting exemption: (Check all that apply)

- I am currently living in an off-campus apartment. I wish to extend my lease through spring semester.  
Please attach a copy of your lease.
- I am requesting exemption for spring semester for other reasons. (Please specify reasons in an attached letter/email.)

<b>Please indicate your meal plan choice for off campus</b>
Off-Campus Meal Plan: <input type="checkbox"/> No Board <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> Unlimited

Claiming Exemption Status does NOT guarantee off-campus permission. Students should submit any additional information that they wish to be considered to the Dean of Students Office.

In order to be considered for Residency Exemption, this form and all required documentation must be submitted by the **Monday, November 9th deadline.**

Students who have already received exemption approval for the 2020-2021 academic year do not need to apply.

- Personally: Dean of Students Office, SLTC, Suite #209 or Office #208
- Mail: 1600 Washington Ave, Conway, AR, 72032-3080
- Fax: (501) 450-1260 attention Dean Wiltgen
- Email: [Huett@hendrix.edu](mailto:Huett@hendrix.edu)

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: November 2020

OFFICE USE ONLY: <input type="checkbox"/> Approved Date: _____ <input type="checkbox"/> Denied Date: _____
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