SOUTHEASTERN LOUISIANA UNIVERSITY
ELIGIBILITY REQUIREMENTS FOR OFF-CAMPUS RESIDENCE

The Board of Trustees for State Colleges and Universities, State of Louisiana, has adopted the following resolution which is the basis of Southeastern Louisiana University’s on-campus halls exemption policy.

Southeastern Louisiana University is empowered in the policy resolution to grant exemptions from on-campus residence only when space is not available in on-campus residence halls.

This resolution also includes a framework whereby each university can grant exemptions to the general regulation. A summary listing of the exemption policy is listed below for your convenience. You are eligible to apply for exemption from on-campus housing regulations if you meet one of the following criteria:

1. You will be living with your parents, commuting to Southeastern Louisiana University.
2. You are an undergraduate student who wishes to live with grandparents, married brother or married sister. (You must have a signed statement from the relative, including their name, address and telephone number [home and work numbers], stating that you will live full time with them).
3. You are an undergraduate student with at least 60 credit hours.
4. It is determined that an individual, by virtue of older age (at least 25 years old) and experience, is incompatible with residence hall age group. If married or previously married, you must submit a copy of your marriage license or divorce papers. Veterans should submit a copy of their DD124.
5. It is determined that you are a “hardship case” which is defined as a person who will suffer significant hardship because of valid financial or medical reasons (special diets are available in the on-campus dining facilities). While substantial hardship reasons for financial or medical problems will be considered, these factors are certainly not automatic reasons for a student being granted approval to live off campus. If financial reasons are given, a substantial saving would have to be clearly shown with supporting documentation such as statements from a landlord showing monthly rent, average utility charges, amount of deposits required, appropriate monthly meal cost, etc. (explain on back of sheet).

You need not apply if you do not meet at least one of these criteria, and meeting one of these criteria in no way guarantees approval of application. Students found violating the off-campus exemption policy will be required to move into a residence hall and pay full room rent for the semester in which the violation occurred.

I have read the summary of the on-campus residency exemption regulations and I qualify for the exemption.

Student’s Name________________________________________________________________________________

W Number____________________________________________________________________________________

Current Phone Number __________________________________________________________________________

Current Mailing Address__________________________________________________________________________

City ______________________________________ State ________________________ Zip___________________

If approved my address will be:

Mailing Address________________________________________________________________________________

City ______________________________________ State ________________________ Zip___________________

Current Phone Number__________________________________________________________________________

I certify that the information listed above is accurate and truthful.

___________________________________________________________________________________________             _____________________
(Signature)          (Date)

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NOTE: This form must be completed and returned to the Office of Dean of Students (SU 2409) at least 20 days before the beginning of registration for the semester for which the exemption is requested. All exemptions must be renewed every Fall.

FOR OFFICE USE ONLY: APPROVED __________________________________ COMMENTS: ___________________________

DATE RECEIVED: __________________________ DENY ___________________ AUTHORIZED BY: _______________________

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