

**Winthrop University  
Division of Student Life  
Department of Residence Life**

**TWO YEAR LIVE ON REQUIREMENT EXEMPTION REQUEST FORM**

All newly admitted fulltime first year students (entering with less than 24 credit hours) and second year students are required to live on campus unless they live within a 50 mile radius with a parent or guardian; are 21 years of age; are married or a single parent. If you think you are eligible for an exemption, fill out this form and return it for approval to: The Department of Residence Life, 237 DiGiorgio Campus Center, Rock Hill, SC, 29733. Do not assume your request is approved unless you receive an approval from The Department of Residence Life.

Name: \_\_\_\_\_ Permanent Phone \_\_\_\_\_  
Last First MI Cell Phone (opt) \_\_\_\_\_  
Student SS#/Student ID Number \_\_\_\_\_ E-mail \_\_\_\_\_

**I am requesting an exemption from the Winthrop University Two Year Live On Requirement. The specific qualifying factor is:**

1. \_\_\_\_\_ I will reside in the principle residence of my parent(s)/guardian within a 50 mile radius of Winthrop University during my **first and second full year** of enrollment.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify (must be notarized) that the student listed above will be living in my principle residence at the address listed below for the **full first and second year** of enrollment:

Address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Notary Public Certification:* State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public for said County and State, do hereby certify that the above named persons personally appeared before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature \_\_\_\_\_ My commission expires \_\_\_\_\_

- 2. \_\_\_\_\_ I am married or a single parent student (Please attach documentation)
- 3. \_\_\_\_\_ I am 21 years of age. List Birth Date \_\_\_\_\_
- 4. \_\_\_\_\_ Other Compelling Individual Circumstances (Please attach a statement and documentation)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Failure to comply with the Two Year Live On Requirement and/or providing false or misleading information in connection with a request for exemption is a violation of the Student Conduct Code and may result in cancellation of enrollment and revocation of student status at Winthrop University.**

**Requests for Exemption must be submitted no later than the following schedule:**

**May 15 for Fall Semester  
November 1 for Spring Semester  
May 1 for Summer Term First Enrollment**

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**Office Use Only** Date Received \_\_\_\_\_ Date of Student Notification \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Local Address Verified \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ 3/10

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