



Office of Residence Life

1201 Locust Ave
Fairmont, West Virginia 26554-2470
Phone (304) 367-4216
Toll Free (800) 641-5678
Fax (304) 367-4938

This request for on-campus exemption must be accompanied with a written explanation no later than thirty days prior to the first day of classes. Requests received after thirty days will not be considered. It is the responsibility of the student to provide sufficient documentation to justify an exemption to Fairmont State's On-Campus requirements.

Name _____ Date of Birth ____/____/____

Male _____ Female _____

Home Address (street, city, state, zip)

_____ Phone _____

_____ Cell _____

_____ Email _____

To be eligible for exemption you must meet at least one of the following reasons:

Grounds to apply for exemption status: Circle exemption(s) that apply.

1. **You are married and/or are living with your partner.**
Include a copy of your marriage license.
2. **You are a single parent with sole custody of your child (children).**
Include a copy of your child's birth certificate and documentation that the child's shares the same address as the parent.
3. **You have documented medical circumstances that cannot be accommodated on campus.**
Include a letter from your physician on office letterhead.
4. **You are a commuter student who lives within a 50-mile radius of the Fairmont campus and is living at the home of a parent or legal guardian.**
Include a letter from parent or guardian with a full permanent address.
5. **You are twenty-one years of age or older.**
Include a copy of driver's license or birth certificate to verify age.

Student Signature: _____ Date: _____

Office Use Only

Address Verification completed Miles from Fairmont _____

Date Received _____ By _____

_____ Approved or _____ Declined

Notification sent to applicant _____