Freshman Residency Release Request Form

Student's Information:
Last Name: ___________________________ First Name: ___________________________
Student ID#: ___________________________ Contact Phone #: ___________________________
Semester: ___________________________ Have you submitted a housing application? Yes ☐ No ☐

Residency Policy:
The State of Montana Board of Regents of Higher Education has a residency policy that requires all students with less than 30 earned college credits reside in the Residence Halls unless this requirement has been waived by the specific university. At the University of Montana, this policy applies to new students with less than 30 credit hours completed after high school graduation from another college or university, students during their first two semesters of attendance, and exceptions to this policy are determined on a case by case basis by the Director of UM Housing. Proper verification must be presented to support residency requirements releases. Please note that high school AP credits do not count towards the 30 earned college credit requirement.

Reason for Request:
☐ Medical - Supporting documentation must be provided from the Office for Disability Equity.
☐ Live with Family Member - Please provide signed statement from the family member.
☐ Unforeseen Financial Hardship - Please provide documentation supporting hardship.
☐ Live in Greek Housing (Spring Semester Only) - Please include house name: ___________________________
☐ Other: ___________________________

By submitting this request form and supporting documentation, I agree that the information provided is true and accurate to the best of my knowledge. Submission of false information could result in disciplinary action by the University of Montana and denial of residency policy release. I understand release is not a guarantee. If denied, I understand my registration will be on hold until a completed application for the Residence Halls has been submitted.

Student’s Signature: ___________________________ Date: ___________________________

Office Use Only

Received: ________ Age: ________ Hometown: ________ Conduct: Y / N Transfer: Y / N
Credits Enrolled: ________ Credits Earned: ________ GPA: ________ Academic Status: ________
☐ Approved ☐ Denied - Reason: ___________________________ Notified: ________