

## Freshman Residency Release Request Form

101 TURNER HALL

(406) 243-2611 WWW.UMT.EDU/HOUSING

HOUSING@MSO.UMT.EDU

All incoming freshmen are required to live in the Residence Halls for their first academic year at the University of Montana. Freshmen requesting to be released from the Board of Regents residency policy must complete the following process for review.

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 I 30 earned college credits reside in the Residence I At the University of Montana, exceptions to this po Please note high school AP credits do not count to	Halls unless this blicy are determ	s requirement h nined on a case	has been waived by the specific university. be by case basis by the Director of UM Housing
Release Process:			
Release from the Freshman Residency Requirementhe Director of UM Housing. Please review this Release Requests will not be reviewed unless all necessary	ease Request F	orm in its entir	
The student must submit the following:			
<ul> <li>□ Completed Freshman Residency Release Re</li> <li>□ A letter from student explaining why they s</li> <li>□ If under the age of 20, a letter from student released from the residency requirement m</li> <li>□ Any additional documentation supporting to</li> </ul>	hould be releat t's parent(s) or l oust also be sub	legal guardian( omitted <b>in add</b>	(s) supporting the student's request to be
Release request materials may be submitted to	one of the foll	owing:	
housing@mso.umt.edu	<b>By Fax:</b> (406) 243-2344	1	<b>By Mail or In Person:</b> UM Housing Office 101 Turner Hall Missoula, MT 59812
<b>Reason for Request:</b> Medical - Supporting documentation must be p	provided from [	Disability Sanjy	cae for Students
☐ Live with Family Member - Please provide sign		-	
☐ Unforeseen Financial Hardship - Please provide		•	
☐ Live in Greek Housing (Spring Semester Only) ☐ Other:			
By submitting this request form and supporting doct the best of my knowledge. Submission of false infor denial of residency policy release. I understand relea- hold until a completed application for the Residence	umentation, l a mation could r ase is not a gua	gree that the in esult in discipli arantee. If den	nformation provided is true and accurate to nary action by the University of Montana and
Student's Signature:			Date:
	- Office Use	· Only——	
Received:Age:Hom			
Credits Enrolled:Credits Earne	ed:	_GPA:	Academic Status:
□ Approved □ Denied - Reason:			Notified: