

## 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 hou	using application? Yes□ No □
Residency Policy:		
The State of Montana Board of Regents of Higher Education heside in the Residence Halls unless this requirement has been new students with less than 30 credit hours completed after how semesters of attendance, and exceptions to this policy armust be presented to support residency requirements released to requirements.  Release Process:	n waived by the specific university. At the high school graduation from another col re determined on a case by case basis by	e University of Montana, this policy applies to llege or university, students during their first the Director of UM Housing. Proper verification
		"
Release from the Freshman Residency Requirement is the Director of UM Housing. Please review this Release Requests will not be reviewed unless all necessary doc	e Request Form in its entirety for rele	
The student must submit the following:		
<ul> <li>□ Completed Freshman Residency Release Requ</li> <li>□ A letter from student explaining why they sho</li> <li>□ If under the age of 20, a letter from student's p</li> <li>released from the residency requirement mus</li> <li>□ Any additional documentation supporting the</li> </ul>	ould be released from the residency r parent(s) or legal guardian(s) support st also be submitted in addition	
Release request materials may be submitted to one of	f the following:	
By Email: housing@mso.umt.edu	By Fax: (406) 243-2344	By Mail or In Person: UM Housing Office 101 Turner Hall Missoula, MT 59812
Reason for Request:		Wiissoulu, Wii 57012
$\square$ Medical - Supporting documentation must be pro	ovided from the Office for Disability E	iquity.
•	ed statement from the family membe	
	e documentation supporting hardship	
☐ Live in Greek Housing (Spring Semester Only)		
☐ Other :		
By submitting this request form and supporting docum he best of my knowledge. Submission of false informa denial of residency policy release. I understand release hold until a completed application for the Residence Ha	ation could result in disciplinary actio is not a guarantee. If denied, I unde	on by the University of Montana and
Student's Signature:		Date:
	—Office Use Only ———	
Received:Age: _Hometown	n: Condu	uct: Y / N Transfer: Y / N
Credits Enrolled:Credits Earned:	GPA: Academic	Status:
DAnnroyed Denied - Reason:		Notified: