

**REQUEST FOR EXEMPTION
Off Campus Fraternity House**

Students seeking exemption for any other reason other than living in an approved off-campus fraternity chapter should view our other exemption request forms located at ucmo.edu/housingforms.

Students seeking a medical or disability accommodation exemption to campus residency should contact the Office of Accessibility Services at 660-543-4983 or access@ucmo.edu. Exemption requests related to the conditions listed below should be submitted prior to the residence halls opening for the semester for which you are applying for exemption.

Students 21 or over prior to the date that the halls open for the semester and/or with 60 or more UCM accepted credit hours need not apply

ACKNOWLEDGMENT OF INFORMATION AND PROCEDURES:

- In accordance with memorandum of understanding with *Delta Chi or Tau Kappa Epsilon* chapters with the University of Central Missouri, exemption requests related to the conditions listed below should be submitted prior to the residence halls opening for the semester for which you are applying for exemption. **Students filing for exemption two weeks into the semester for which they are requesting exemption will be billed a processing fee of \$50.**
- This form is for students submitting requests for exemption **who are actively and permanently living in an approved chapter house in accordance with memorandum of understanding with a student's specific chapter: Delta Chi, or Tau Kappa Epsilon**
- I understand this is an application for exemption from UCM's residential policy, BOG policy 5.1.020. Release from the requirement is subject to approval by the office of University Housing at the University of Central Missouri. If denied, I am required to carry out the residential requirement of residing on campus or pay the applicable penalty fee. **It is not recommended to make off-campus residency plans until official approval is given.**
- If approved, the exemption is for only one academic year (or semester if applied for beginning with spring semester). A new exemption form is required for each additional academic year until the residency requirement is satisfied.
- Submission of an exemption request **does not** supersede or void an existing residence hall agreement (unless submitting prior to start of fall semester).
 - **To clarify: you cannot cancel housing and submit this exemption if you have already moved in/ residing on campus for the applicable term(s).**
- Please note that students must actively be living in the approved chapter house. Note that residing at any other location does not qualify for this exemption.



Student's Name: _____ Student ID # (700#): _____

Address, including city/state/ _____ Student Email Address: _____

I am requesting exemption for the following semester(s) **(Check all that apply):** FALL 2025 SPRING 2026

Student will be living with (please check one):

Delta Chi Chapter House for 2025-2026 Tau Kappa Epsilon for 2025-2026

As a student, I understand that the Theta Chi, Delta Chi or Tau Kappa Epsilon chapter house is NOT University property nor managed by the University. All billings and financial obligations of residing in the **Theta Chi, Delta Chi or Tau Kappa Epsilon** property are handled by the Fraternity and NOT the University. I understand this exemption is only for residing in either the **Delta Chi or Tau Kappa Epsilon chapter house (Chapter of which I am a member)** and no other off-campus housing.

I have read and understand above statement _____ (Student Signature) _____ (Date)

As student and as parent, legal guardian, or guardian, I have read the Board of Governors Residential Requirement Policy and agree to this request for exemption from the University of Central Missouri Board Of Governors Residential Requirement Policy. If any of the above information is inaccurate or falsified, I understand the University of Central Missouri reserves the right to fulfill the Board of Governors Policy and assess charges to the student account for room and board as per the terms in the UCM University Housing Agreement.

I certify the above information is correct _____ (Student Signature) _____ (Date)

NOTARIZATION REQUIRED:

Parent/grandparent/legal guardian signature	Date	Student Signature	Date

STATE OF _____ COUNTY OF _____

On this day _____ in the year _____, do certify that that _____

_____ (student and parent/grandparent/legal guardian listed), known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public:

Signature: _____

Print Name: _____

My commission expires: _____

Notary Seal: