EASTERN NEW MEXICO UNIVERSITY

Residential Living Waiver

Office of Housing and Residence Life
ENMU Station 39 • 1500 S. Ave K, Portales, NM 88130
Phone: 575-562-2631 • Fax: 575-562-4321
www.enmu.edu

❑ Approved ❑ Not Approved

Date: _____ Initials: _____

All students who are under the age of 21 on the first day of class of the fall semester and who have earned fewer than 30 semester hours after graduation and who are enrolled for 12 or more semester hours must live in University residence halls and purchase a meal plan. The Carte Blanche meal plan provides unlimited meals during regular hours in the Campus Crossroads dining facility. Exceptions to the residential/meal plan requirement may be granted to students living with a parent, married and/or having a dependent child.

Information—Must fill out

Semester and year(s) I am applying for: ❑ Fall 20 _____ ❑ Spring 20 _____

Name: _____
First Middle initial Last

Social Security number/ID number: _____ E-mail address: _____

Phone number: _____ Cell phone number: _____

Permanent address: _____
Address City State ZIP

Please complete the section that applies to you.

Living with parent or grandparent

Relative's name: _____

Relationship to student: ❑ Mother ❑ Father ❑ Grandmother ❑ Grandfather

Relative's phone number: _____ Relative's cell phone: _____

Relative's e-mail address: _____

The above named student will be living at my permanent legal address listed.

_____
Relative's signature Date

I will be living with the relative listed above, at his/her permanent legal address listed.

_____
Student's signature Date

30 hours/two semesters

I am applying because: ❑ I have accumulated 30 hours. ❑ I have completed two semesters.
We will check our records to confirm this information.

Marriage/dependent child/21 years of age

You will need to submit documentation with this waiver for verification of this section.

- copy of marriage certificate
- copy of child's birth certificate
- copy of your driver's license

Medical exemption—must be accompanied by a doctor's note

Physician's name: _____ Phone number: _____

Address: _____
Address City State ZIP

Miscellaneous

I am applying for: ❑ Meal plan only exemption. ❑ Other

This section must be accompanied by a detailed letter describing why exemption should be extended to you before your waiver will be addressed.

I understand that this is a sworn statement to the state of New Mexico and affirm that all information is correct and factual to the best of my ability. Any manner of misrepresentation on this form may constitute "Falsification of Records" which is a violation of University policy and is punishable through the University's judicial system. In addition, I may be responsible for charges to my University account for a room and/or meals.

Student signature: _____ Date: _____