

All single students under 21 years of age who have earned fewer than 27 hours of transferable credit after high school graduation are required to live in University housing.  
(G5.05 University Housing Policy)

## Am I Qualified for a Commuter Exception for 2025-2026

I plan to live with either a **parent/legal guardian or grandparent** whose permanent, full-time address is located within **45 driving miles** of Missouri State University (901 S. National Avenue).

No

Yes

You do not qualify for a commuter exception. Please complete a housing application online.

You qualify for a commuter exception. Proper documentation is needed to complete your request.

## What Documentation is Needed to Complete My Request?

If living with a <b><u>PARENT:</u></b>	If living with a <b><u>LEGAL GUARDIAN:</u></b>	If living with a <b><u>GRANDPARENT:</u></b>
<ul style="list-style-type: none"> <li>○ <i>Request for Commuter Exception Form</i> signed by parent.</li> <li>○ Address on <i>Request</i> must match <b>Permanent Address</b> on file with Missouri State University. Change of address form may be required.</li> <li>○ <b>Proof of <u>parent</u> address**</b></li> </ul>	<ul style="list-style-type: none"> <li>○ <i>Request for Commuter Exception Form</i> signed by legal guardian.</li> <li>○ Address on <i>Request</i> must match <b>Permanent Address</b> on file with Missouri State University. Change of address form may be required.</li> <li>○ <b>Proof of <u>legal guardian</u> address**</b></li> <li>○ <b>Proof of Legal Guardianship++</b></li> </ul>	<ul style="list-style-type: none"> <li>○ <i>Request for Commuter Exception Form</i> signed by parent.</li> <li>○ Address on <i>Request</i> must match <b>Permanent Address</b> on file with Missouri State University. Change of address form may be required.</li> <li>○ Letter from grandparent verifying living arrangement.</li> <li>○ <b>Proof of <u>grandparent</u> address**</b></li> </ul>

\*\*Accepted proof of address for the parent/legal guardian or grandparent the student intends to live with that signs *Request* are as follows:

- Driver's license of parent/legal guardian or grandparent that signs *Request* showing same address on *Request*.
- Mortgage statement for parent/legal guardian or grandparent that signs *Request* showing same address on *Request*.
- Current rental agreement that shows same address on *Request* and lists parent/legal guardian or grandparent that signed the *Request* as well as student as tenants of the property.
- Utility bill for most recent month of service to same address on *Request* in the name of the parent/legal guardian grandparent of the student that signed *Request*.

++Accepted proof of Legal Guardianship is as follows:

- Court documentation establishing guardianship of the student to the individual that signs *Request*.

All needed documentation not signed in the presence of a Residence Life staff member from Business Services (located in Hammons House, room 104) **must be notarized** by a Notary Public. If you have questions about this process contact Residence Life, Housing and Dining Services at 417-836-5536.

**Missouri State University**  
**Department of Residence Life, Housing and Dining Services**  
**Request for Commuter Exception to the University Housing Policy**

<i>Office Use Only</i>		
Date Rec'd	_____	
<input type="checkbox"/> FTNIC	<input type="checkbox"/> CDS	<input type="checkbox"/> FTT
<input type="checkbox"/> Other _____		

**This form is valid for the 2025-2026 academic year only**

Please Print

NAME (Last, First, Middle) \_\_\_\_\_ BIRTHDATE (MM/DD/YY) \_\_\_\_\_ BEARPASS ID# (M12345678) \_\_\_\_\_

Permanent Address (Street, City, State, Zip) \_\_\_\_\_  
**If address on file with Missouri State does not match the permanent address above, update your University records before this exception will be considered.**

UNIVERSITY EMAIL \_\_\_\_\_ STUDENT PHONE \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_ PARENT PHONE \_\_\_\_\_

**Verification of Parent's Information**

I plan to commute from a parent/legal guardian's address **within 45 miles of campus**, they verify this arrangement with their signature below.

**If signing with a Notary Public, proof of address\*\* above must be submitted with this request.**

Parent/Legal Guardian's Signature \_\_\_\_\_

Residence Life Business Services Staff Signature (if applicable) \_\_\_\_\_

I (**Notary Public's Name**) \_\_\_\_\_, do hereby certify that on this date: \_\_\_\_\_  
 this person (**parent/legal guardian's name**) \_\_\_\_\_, personally appeared before me and, being first duly sworn by me,  
 acknowledge they signed as a free act and deed and declared that the statements herein contained are true, to the best of their knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day and year above written.

**Notary Public's Signature:** \_\_\_\_\_

Notary Seal

I plan to commute from a grandparent's address. I have attached a **notarized letter from my grandparent** verifying this living arrangement along with **notarized proof of above address** from my grandparent. **My parent/legal guardian has also signed above**, either before a Notary Public or a Residence Life Business Services staff member. I certify that I will be residing with my grandparent **within 45 miles of campus**.

**Housing Contract Cancellation Information**

**Submission of this request will cancel any *Student Housing Contract* you may have on file** at the time your exception is granted. Any housing deposit will be refunded or forfeited according to the terms and conditions of the Contract. If you are interested in keeping your housing contract active to participate in the six week trial housing program you must do so by indicating your desire below. No indication will result in contract cancellation if request is approved.

I would like my contract to be kept active so I may participate in the six week trial housing program.

I certify that the information I have provided is accurate, and I understand that falsified information regarding any approved exception could result in being charged immediately for housing fees for the academic year.

\_\_\_\_\_  
**Student's Signature** \_\_\_\_\_  
**Date**

Please return this form and required documentation to: Department of Residence Life, Housing and Dining Services  
 1001 E. Harrison Street, Rm 104 • Springfield, MO 65807 – [ResidenceLife@MissouriState.edu](mailto:ResidenceLife@MissouriState.edu)

Approved by _____ on _____	<i>Office Use Only</i>	Student notified on: _____
Has contract for upcoming year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Canceled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Distance to campus: _____ Miles
<input type="checkbox"/> Decision recorded in Mercury		