Residential College Live On Campus Requirement Exemption Application



- 1. Request SUNY Korea Counselor appointment by emailing rc@sunykorea.ac.kr.
- 2. Meet with Counselor.
- 3. Submit Exemption Application to rc@sunykorea.ac.kr no later than: Friday of the last week of December (Spring Semester) & Friday of the last week of June (Fall Semester).

Last Name				Student ID			
First Name				Entry Yr./Sem.	202() 🗆 Spring 🗆 Fall		
	School E-mail			Personal E-mail	@		
Permanent Phone				Mobile Phone			
Permanent Address							
City				State			
Country				Postal Code			
Term(s) Applied for Exemption ☐ 2021 Spring ☐ 2021 Fall ☐ 2022 Spring ☐ 2022 Fall ☐ Indefinitely							
I am requesting exemption from the State University of New York, Korea housing requirement for undergraduate students. The specific qualifying factor is:							
	A. MARRIED and/or WITH LEGALLY DEPENDENTS/CHILDREN						
	Copy of the marriage certificate and/or child(ren)'s birth certificate are required.						
	B. MEDICAL AND DISABILITY CIRCUMSTANCES						
	Student's licensed private physician must provide a letter of explanation and a copy of medical records substantion the request to the university. The records will be reviewed by the RC Team, who must concur that the medical concurrants special housing consideration which cannot be accommodated on campus. SUNY Korea Counselor recommendation required. Email rc@sunykorea.ac.kr to make an appointment with counselor.						
	C. COMPELLING INDIVIDUAL CIRCUMSTANCES						
	Requests for exemption to the Residential College Requirement on the basis of compelling individual circumstances will be considered on a case by case basis. (Please provide a narrative and any additional documentation necessary to support your position.) SUNY Korea Counselor recommendation required. Email rc@sunykorea.ac.kr to make an appointment with the counselor.						
Providing false or misleading information in connection with a request for exemption may result in room charges being assessed to the student's account and/or cancellation of enrollment at the State University of New York, Korea.							
Applicant's Signature:				_ D	Date:		
			OFFICE	USE ONLY			
Date Received: Counselor Recommendation:					endation: 🗆 Yes 🗆 No		
Signature: Date : DEC					DECISION: ☐ Approved ☐ Denied		
Comment:							