

**NOTICE: A HOLD PREVENTING YOU FROM REGISTERING HAS BEEN PLACED ON YOUR ACCOUNT.
ALL STUDENTS NOT LIVING ON CAMPUS MUST FILL OUT THIS FORM.
FAILURE TO COMPLETE FORM PROPERLY AND RETURN WILL AFFECT YOUR APPLICATION PROCESS!**

Freshman Residency Exemption Form



ABRAHAM BALDWIN AGRICULTURAL COLLEGE
Student Life and Housing

This exemption form must be completed and returned before you are allowed to register for classes. You will receive notification by email to the student from the Office of Student Life and Housing stating whether your request for exemption has been approved or denied. Note that exemption is NOT automatic.

Please type or Print.

I. Identifying Information

First Name: _____ Last Name: _____
ABAC E-mail Address: _____@stallions.abac.edu Street Address: _____
ABAC ID Number: _____ Street Address: _____
Date of Birth (mm/dd/yy/ format): ____/____/____ City: _____ State: _____ Zip Code: _____
Phone: _____ Cell
 Home
 Other

Please indicate the semester for which the exemption is being requested:

Fall _____ Year Spring _____ Year Summer _____ Year

II. Current Status

- I have already applied for Housing.
 I have NOT applied for Housing.

III. Reason

I am requesting exemption from the Freshman Residency requirement based upon the following circumstances:

- I will be living with and commuting daily from the legal residence of my parent(s), grandparent(s), or legal guardian (legal documents required) within a 50 mile radius of Tifton. **(Complete the notarized parent certification.)**
- I am married. **(Attach a copy of marriage certificate.)**
- I am a single parent. **(Attach a copy of birth certificate of child(ren).)**
- I will be at least 21 years of age prior to September 1 of the academic year. **(Attach copy of Driver's License)**
- I have earned 24 semester hours of collegiate level credit at another college or university. **(Attach copy of unofficial transcript)**

I have read this Freshman Residency Exemption Form and understand that I am NOT automatically exempted from ABAC's residency requirement. I understand that an email message will be sent informing me whether my request has been approved or denied. I also understand that if I have already signed a contract and am now trying to move out of on-campus housing, this form does NOT release me from any amount due or from the contract cancellation process clarified in the termination section of my Residence Hall Contract.

Student's signature

Date

Please return to:

Office of Student Life and Housing, ABAC 24 ~ 2802 Moore Hwy., Tifton, GA 31793 Phone: 229-391-5140 Fax: 229-391-5141
Physical Address: John Hunt Town Center at ABAC Place Apartments.

For office use only

Exemption: Approved Denied SLH Signature _____ Date _____

SLH comments _____