



Ceremonial Use Exemption Form

Please type or print legibly

Name (First, Middle, Last) _____ Student ID _____

Campus Address (Including Room #) _____

Email Address _____

Race/Ethnicity (Check all that apply):

___ American Indian/Alaskan Native Tribal Affiliation(s) _____

___ Asian ___ Black/African American ___ Native Hawaiian/Pacific Islander

___ White/Caucasian ___ Hispanic/Latinx ___ Other

I am requesting a ceremonial use exemption from the University of Wisconsin-Superior. This request is necessary to sustain a spiritual practice that contributes to my personal and spiritual well-being. Sacred medicines are essential in my traditional/cultural way of life. I use the following in my personal ceremonies and prayers:

Mark all that apply:

___ Cedar ___ Sage ___ Sweetgrass ___ Tobacco

___ Bear Root ___ Pinon ___ Palo Santo ___ Copal ___ Yerba Santa

___ Other (please specify):

In order to reduce the number of inquiries regarding the smell of smoke in residential halls and in recognition of health conditions within the University community, I understand that upon approval of my request, I will meet with the Coordinator of the First Nations Center and the Director of Residential Life to complete a Smudging Notification Plan.

Failure to comply with procedures outlined in the Smudging Policy may result in disciplinary action.

Student's Signature _____

Date _____

Roommate Agreement

I am aware that my roommate(s), or those close to my living space may have allergies to ceremonial medicines. I will discuss the ceremonial exemption with my roommate(s) and should we have any concerns or disagreements regarding the arrangement, a discussion with the Director of Residential Life is required as soon as possible.

Roommate Name _____ Student ID _____

Roommate Signature _____ Date _____

Office Use Only

Residential Life recognizes that smudging is essential for the petitioner to positively and successfully fulfill their educational goals. Therefore, under the guidance of the First Nations Center, Residential Life will ensure that all staff receive appropriate education and training pertaining to smudging policies, procedures, and the cultural significance and ceremonial use of traditional medicines.

Approved _____ Denied _____ Date _____

If denied, state reason(s) _____

Coordinator, First Nations Center Signature _____ Date _____

Director, Residential Life Signature _____ Date _____

Vice Chancellor for Administrations and Finance Signature _____ Date _____

Please return completed form to the Coordinator of the First Nations Center .

Copies of this form will remain on file with the Director of Residential Life, the FNC Coordinator, and Campus Safety

Questions? Contact the First Nations Center or Residential Life.

First Nations Center (FNC)
Swenson 2047
FNC Coordinator Cassie Brown
Cbrown60@uwsuper.edu

Residential Life
YU 147
Residential Life Director Ryan Kreuser
Rkreuser@uwsuper.edu