

**Residence Life**

Student Center 222  
1200 S. Jay Street  
Aberdeen, SD 57401-7198  
(605) 626-3007



*northern State* university

**American Indian Circle Program**

Spafford Hall 106  
1200 S. Jay Street  
Aberdeen, SD 57401-7198  
605) 626-3573

### Ceremonial Use Exemption Form

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Tribal Affiliation(s) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Campus Address \_\_\_\_\_

Wolves Email Address \_\_\_\_\_ Phone \_\_\_\_\_

I am requesting ceremonial use exemption from NSU's smoking, tobacco and fire regulation policies and procedures, as it pertains to Residence Life during the 20\_\_ to 20\_\_ academic year. This appeal is being made on the basis of my desire to sustain an occasional and/or daily spiritual practice that requires the reverent use of sacred plants. I use the following in my personal ceremonies and prayers:

Mark all that apply: \_\_\_\_\_ Cedar \_\_\_\_\_ Sage \_\_\_\_\_ Sweet grass \_\_\_\_\_ Tobacco

In order to reduce the number of inquiries regarding the smell of smoke in residential halls and in recognition of the health concerns of the University community, I understand that upon approval of my request, I must meet with the Director of the American Indian Circle Program and Residence Life personnel to devise a notification plan of when smudging and/or pipe ceremonies may occur in the privacy of my own room. I understand that if I do not follow the guidelines laid out this exemption may be revoked.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please submit this document to Residence Life in Student Center 222

**Office Use Only**

The Department of Residence Life and the American Indian Circle Program recognize that if this exemption is granted, smudging ceremonies are essential for the petitioner to positively and successfully fulfill their educational goals and will, therefore, provide appropriate staff orientation to safely carry out and prepare the residential hall location for the petitioner's request.

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

If denied, state reason(s): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director, American Indian Circle Program

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director, Residence Life