



# Ceremonial Use Exemption Form

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(First) (Middle) (Last) (Preferred)

Hall & Room Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

I am requesting a ceremonial use exemption from Dakota State University'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 contributes to my personal and spiritual wellbeing. The sacred medicines are essential in my traditional American Indian cultural ways of life. I use the following in my personal ceremonies and prayers:

(mark all that apply) Cedar \_\_\_\_\_ Sage \_\_\_\_\_ Sweetgrass \_\_\_\_\_

1. In order to reduce the number of inquiries regarding the smell of smoke in the residence halls and in recognition of the health concerns of the University community, I understand that upon approval of my request, I must meet with Residence Life to devise a notification plan of when smudging and/or pipe ceremonies may occur in the privacy of my own room.
2. I am also aware that my roommate(s) or those closest to my living arrangement may have allergies to one or some of these medicines. Therefore, I will take the appropriate and necessary precautions in utilizing the medicines in the privacy of my own room.
3. I will also discuss the burn exemption with my roommate(s). I am aware that Residence Life will contact my roommate(s) upon completion of this form to discuss my request.
4. I am aware that Residence Life will contact other offices regarding my burn exemption on a as needed basis. An example is Facilities so they can monitor the fire alarm system.

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

**Return completed form to:**  
**Residence Life**  
**Dakota State University**  
**820 N Washington Ave**  
**Madison, SD 57042**  
**OR**  
**Email: [residencelife@dsu.edu](mailto:residencelife@dsu.edu)**

### Office Use Only

Residence Life recognizes that smudging and pipe ceremonies are essential for the petitioner to positively and successfully fulfill their educational goals and wellbeing, therefore, provide appropriate staff orientation to safely carry out and prepare in the residence hall location for the petitioner's request.

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

Rationale: \_\_\_\_\_

Room Notification: \_\_\_\_\_ Staff Notification: \_\_\_\_\_ Facilities Notification: \_\_\_\_\_

Director, Residence Life Signature: \_\_\_\_\_ Date: \_\_\_\_\_