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| <b>OFFICE USE ONLY:</b>                |
| ___ Qualifies to move off campus       |
| ___ Does NOT qualify                   |
| Date: ___/___/___ By (initials): _____ |
| Info. verified ___/___/___             |
| EX change input: ___/___/___           |

## REQUEST FOR APPROVAL TO LIVE OFF-CAMPUS

Beginning Semester (please circle one): FALL SPRING Year: \_\_\_\_\_

**Students must live within 50 miles of campus to be approved to commute.**

New Student  Current Student  Transfer Student

Name: \_\_\_\_\_ ID number: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Current Residence Hall (If applicable): \_\_\_\_\_ Room Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Current Class Standing: First-Yr: \_\_\_ Soph.: \_\_\_ Jr.: \_\_\_ Sr.: \_\_\_ 5<sup>th</sup> Yr.: \_\_\_ Campus Box # \_\_\_\_\_

### I. I BELIEVE I QUALIFY to live off-campus because I meet the following qualification: (Please check only one)

I will be living with my parent(s) at their **primary** home, and living within 50 miles of campus. (Please have a parent sign below to verify.)

As a parent of \_\_\_\_\_, I sign below to verify that he/she will be living with me and commuting to Bluffton from home.

Print parent name: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone # - - - - - Work Phone # - - - - - Email: \_\_\_\_\_

- I am a part-time student taking less than 12 hours this semester.
- I am married or will be married before the semester begins.
- I am 24 years of age or older prior to the start of the fall semester.
- I am a custodial parent.
- I am participating in a full time off campus internship or student teaching at a location more than 80 miles from campus
- 5<sup>th</sup> year senior

**NOTE: The submission of further documentation may be required to substantiate qualification.**

### I. I want to **keep** my Meal Plan: Yes No or

I want to **change** my Meal Plan to (please circle choice):

Full Value 20 Plus / Premier 15 Plus / Basic 10 Plus / Commuter 5 Plus

I would like to **add** the following Meal Plan (please circle choice):

Full Value 20 Plus / Premier 15 Plus / Basic 10 Plus / Commuter 5 Plus

### II. Please read the following and sign below. (If you have questions, please contact the Director of Residence Life):

Residential students wishing to commute must receive permission from the Director of Residence Life.

- If I am requesting ADA accommodations, I will speak with the ADA Coordinator.
- If any information provided on this form changes, I will submit a new Request for Approval to Live Off-campus form.
- **I have read the Housing Policy detailed in the Student Handbook.**
- I have checked with the Financial Aid office to see if commuting will affect my aid package (if applicable).
- I understand that if I am **not** approved to live off-campus or if it is found that information was falsified, I will be required to pay room and board on campus and will be in violation of the campus code of conduct..
- I understand I must fill out this form each academic year.

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| Original to Student Life                         |
| Copies to:                                       |
| <input type="checkbox"/> Financial Aid Office    |
| <input type="checkbox"/> Business Office         |
| <input type="checkbox"/> Student                 |
| <input type="checkbox"/> Dean of Students (file) |

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

**Please return this form to the Student Life Office, Box 70**