

APPEAL FOR OFF-CAMPUS LIVING 2017-2018

Name: _____ ID #: _____ Caine Box #: _____

Cell Phone: _____ E-mail Address: _____ Campus Room: _____

Date/Semester of requested move: _____ Birth Date: _____ Current Class FR SO JR SR
(Circle One)

Adrian College policy requires all full-time students to live on campus for four years. Please indicate which of the below exemptions apply to you. (Please note that moving off-campus may result in a decrease in financial aid.)

Will commute from the home of a parent or adult relative located within a 45 mile distance from the College (parent or legal guardian must verify this by letter including home address to the Housing Office).

Name of Adult Relative: _____ Relationship: _____

- Will be married.
- Will be a 5th year senior.
- Will be a part-time (less than 12 credits) student.
- Will be or are 23 years or older.
- Currently off campus

If one of these exemptions applies to you, please return this form to Housing in 223 Caine Student Center by *March 3rd, 2017* at the latest. Once this form is received, you will be notified of the outcome of your request. Appeals to decisions regarding this policy should be submitted in writing within 5 business days to 223 Caine to be reviewed.

Off-Campus Address: _____ Off-Campus Phone: _____

If none of the above exemptions apply to you:

Please attach a **typed** letter describing your circumstances along with any supporting documentation and submit to Housing in 223 Caine by ***March 3rd, 2017***, at the latest.

Students requesting to live off-campus must consult with a Financial Aid Counselor before submission of the appeal form. Please have your counselor fill out the following information.

The submission of this form is not a guarantee of approval. Students should wait for written approval before signing a lease or rental agreement for off-campus housing. Students found in violation of this policy will be billed for a double room and the 14-meal plan.

Signature

Date

All appeals must be submitted to the Housing Office in 223 Caine to be considered for exemption from the 4-year residency requirement.

Housing Committee Decision:

___ Approved _____
Signature Date

___ Denied _____
Signature Date

If approved: Send 1 copy to Financial Aid and Student Business Service Center