

Current Permanent Address:

Phone: () _____

Current Campus Address:

Phone: () _____

Email address _____

CURRENT GRADE POINT AVERAGE (GPA): _____ . _____

CUMULATIVE (OVERALL) GPA: _____ . _____

PLEASE LIST ALL CURRENT INVOLVEMENT IN ORGANIZATIONS, SPORTS TEAMS AND CAMPUS ACTIVITIES (i.e. on-campus employment, music, etc.):

In the following space, please check the following reasons for this application.

Please check all that apply to the **RESIDENCY REQUIREMENT:**

- Financial emergency _____
- Student Illness or Health Issue (please specify): _____
- Other: _____

In order to process this application, THE FOLLOWING ITEMS MUST ACCOMPANY YOUR REQUEST to LIVE OFF CAMPUS OR FOR A CHANGE OF FOOD SERVICE PLAN. Please include any of these that pertain to your specific request for off-campus living.

1. Detailed letter from student requesting permission to move off campus or a detailed letter regarding your request to be removed from the campus meal plan
2. Documentation detailing the monetary breakdown of rent/utilities/expenses as evidence of lower cost in comparison to University housing
3. Medical documentation detailing the issue(s) at hand/recommendations from physician/specialist
4. If moving in with family other than parent/guardian, a letter is required confirming living arrangements
5. Detailed letter from family addressing issues involving family illness, financial emergency, loss of income or student health

In addition, please check all that apply to your situation in order to be released from the

FOOD SERVICE PLAN REQUIREMENT:

- Student Health Issue (please specify): _____
- International Student who requires specific food options not offered _____
- Other: _____

In order to be considered for removal from a Food Service Plan, please provide the following:

1. Medical documentation detailing the issue(s) at hand/recommendations from physician/specialist
2. For International Students who have dietary needs, cultural considerations, or monetary constraints, a letter from a sponsor, university staff member, as well as a letter of support from the Director of International Student Affairs.

I acknowledge all information being provided to the Committee is accurate, honest and complete. I also understand that I may be asked for other information or more detailed information, if the Committee believes more information is needed.

Signed: _____ **Date:** ____/____/____

For Committee Use:

✓ **Date Received:** ____/____/____

✓ **Application Complete?** YES NO

✓ **Required Letters Included?** YES NO

✓ **GPA Verified?** YES NO

✓ **Financial Aid Report:**

✓ **Student Affairs Report:**

✓ **Concerns/Suggestions/Recommendations:**

✓ **Approved** _____

✓ **Denied** _____

✓ **Notification Sent:** ____/____/____

Please return this application and all required documentation to the Office of Student Affairs/Residence Life, Gillmor Student Center