

## Office of Residence Life Request for Permission to Live Off-Campus or Commute

All students must live on campus for 6 semesters before being permitted to live off campus. All appeals are to be addressed to the Director of Residence Life, Andi Milligan.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Student ID # \_\_\_\_\_ Email: \_\_\_\_\_ @ muskingum.edu

- I request permission to live off campus for the 2017 Fall / 2018 Spring academic year because I have lived on campus for a minimum of 6 semesters

**OR** if you do not meet the above qualification, you must meet **ONE** of the following:

- I am married. Date of marriage \_\_\_\_\_ (must be acknowledged by the Registrar's Office)  
 I am older than 25 years of age as of August 2017.  
 I live within a 30 mile radius of the campus and I plan to live at home with my parent(s)/guardian(s).

My home phone number is: ( \_\_\_\_ ) \_\_\_\_\_

My home address is: \_\_\_\_\_  
\_\_\_\_\_

I understand there are meal plan options for off campus and commuter students and that if I am interested, I must review the Aramark website to inquire about the meal plan offers and options or contact Campus Services at 740-826-8147.

I understand that Room and Board charges will remain on my student account until this form is completed and receives final approval. I also understand that if a Housing License and Food Service Plan Agreement for the 2017-2018 academic year has already been signed prior to May 31, 2017, I will be charged \$500 for breaking the original contract. If I break my Housing Contract after June 1, 2017, I will be charged \$1500 in addition to any accrued fees for use.

I understand that my choice to move off campus may affect my Financial Aid package and I have consulted with a staff member in Student Financial Services to understand that responsibility.

Signature: \_\_\_\_\_

Final approval will be given and charges will stop accumulating only when we have your off campus address. We also request that you give us your cell phone number for emergencies or important message deliveries from University Staff.

**Off Campus Address:** Number/ Street / Apt. # \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Cell: ( \_\_\_\_ ) \_\_\_\_\_

**Application due to the Student Life Office by April 4, 2017 at 5pm.**

Date of final approval \_\_\_\_\_ By \_\_\_\_\_  
*Housing Coordinator's Signature*