



## RESIDENTIAL LIFE HOUSING STATUS / EXEMPTION REQUEST

*Please read the policy below and complete this form to verify your housing intention request for the upcoming semester.*

### **POLICY**

All first and second-year students, except those whose permanent homes are within a reasonable commuting distance to Chestertown, are required to live on campus. Students requesting to move off campus should do so by the deadlines as outlined below. Once the deadline for such requests has passed, only students with special circumstances will be considered for off-campus residency. Students who move off campus without permission of the Residential Life Office may expect to be billed for on-campus housing. Students living off-campus are required to provide Residential Life with contact information including local street address and phone. Students who have chosen to move off campus may apply to return to on-campus housing through the Residential Life Office. Space may be limited and housing will be offered to students based upon availability.

### **SUBMISSION INFORMATION**

**New Students:** Return this form to the Residential Life Office, Washington College, 300 Washington Avenue, Chestertown, MD 21620. All requests for exemptions must be received by July 1st for the Fall semester and January 2nd for the Spring semester.

**Returning Students:** Return this form to the Residential Life Office, Casey Academic Center. Requests must be received by the third Friday in May for the next academic year. Please note that housing contracts cover one academic year. Requests to break contracts mid-year will only be considered under exceptional circumstances.

Exemptions to any of these deadlines will be reviewed at the discretion of the Chair of the Off-Campus Review Committee

### **STUDENT INFORMATION** *Please print clearly*

NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_ CURRENT PHONE \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_

### **CHECK THE APPROPRIATE RESPONSES**

As a full-time undergraduate student, I realize that I am required to live on campus if I will be a first or second year student beginning the academic year of the housing requirement exemption request but would like to appeal this requirement based upon the following exemption:

- I will live with my parent(s) or legal guardian(s) and commute to Washington College. My parent(s) or legal guardian(s) live within a reasonable commuting distance to Washington

College. My parent(s) or legal guardian(s) have signed the verification section of this document below.

- I am a rising third or fourth year student and am exempt from the housing requirement (PLEASE COMPLETE SECTION BELOW AND SUBMIT FORM)
- I do not qualify under any of the above exemptions but would still like to appeal to live off campus because of special circumstances described in the attached letter or documentation. (*Special circumstances must be documented. Please provide documentation to support your request.*)

By signing this document, I am attesting to the truth and accuracy of what I have indicated above. I realize that I am obligated to notify, in writing, the Residential Life Office of any change to my status that would affect the above responses.

I realize that permission to live off-campus, if granted or denied, will be communicated to me in writing.

I understand that cases where a student is found to have given false information in connection with their request to move off-campus will be reviewed through the student judicial process.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature and Date*

### **LIVING WITH PARENT/LEGAL GUARDIAN VERIFICATION**

I hereby inform Washington College that (NAME OF STUDENT)\_\_\_\_\_ will be living with me as his/her parent or legal guardian and commuting to school. The student will be residing at the following address, which is within commuting distance to Washington College.

NAME OF PARENT/LEGAL GUARDIAN\_\_\_\_\_RELATIONSHIP\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

PHONE (with area code)\_\_\_\_\_

### **CONTACT INFORMATION FOR RISING THIRD AND FOURTH YEAR STUDENTS** *(Please indicate your off-campus address for the academic year. Please include local land phone line and cell where applicable).*

STREET ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

PHONE (with area code)\_\_\_\_\_ CELL (with area code)\_\_\_\_\_