

BENNETT COLLEGE OFF CAMPUS HOUSING WAIVER REQUEST

Bennett College is a residential college that embraces the value of the residential experience in terms of retention, personal development, and academic success, and as such, encourages its students to live on campus during their enrollment. Students with fewer than 57 earned semester hours must reside on campus. However, the College recognizes that certain circumstances may prevent on-campus living. In such cases the College will consider exceptions to this policy with the submission of this completed form. **THE DEADLINE FOR CONFIRMATION OF OFF CAMPUS HOUSING IS JULY 31ST.**

PLEASE PRINT IN INK

GENERAL INFORMATION	EARNED CREDIT HOURS:	
	<input type="checkbox"/> 0-25 HOURS	<input type="checkbox"/> 26-57 HOURS <input type="checkbox"/> 58-91 HOURS <input type="checkbox"/> 92+ HOURS
	STUDENT ID #:	
	NAME:	
	HOME ADDRESS:	
	LOCAL ADDRESS (if different from above):	
	CELL NUMBER:	
	HOME PHONE:	
CAMPUS BOX (if applicable):		
BENNETT EMAIL (if applicable):		
Semester Applying for: FALL <input type="checkbox"/> SPRING <input type="checkbox"/>		

- COMMUTER STUDENT MEAL PLANS *(Available for purchase through the Business Office for all commuter students)*
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> EX- \$0.00 | EXEMPT FROM MEAL PLAN |
| <input type="checkbox"/> C2- \$162.15 | 25 BLOCK MEAL PLAN: 25 MEALS (ANY COMBINATION OF BREAKFAST, LUNCH, AND DINNER) 7 DAYS A WEEK SUNDAY-SATURDAY |
| <input type="checkbox"/> CO- \$219.65 | 25 BLOCK MEAL PLAN, PLUS \$25 FLEX DOLLARS /\$25 OCS DOLLARS |

MEDICAL INFORMATION

Please provide our staff with medical information that will allow us to assist you in case of emergency. Information you may consider providing includes allergies, chronic illnesses that may require treatment while you are on campus, or medications

you take regularly. We keep this information confidential, but it may be shared with medical personnel if you are injured or require medical treatment.

Documentation from a health care provider must accompany any requests for special accommodations at the time of application.

Medical Information:

I am requesting approval to live off campus because:
(Please check one and provide the appropriate documentation)

<p><input type="checkbox"/> I am a student who is 24 years of age- Records will be checked with the Registers' Office.</p> <p><input type="checkbox"/> I am a student who is a 5th year senior- Records will be checked with the Registrar's Office.</p> <p><input type="checkbox"/> I am student who is married – Please attach a copy of your marriage certificate.</p> <p><input type="checkbox"/> I am a student who is with child or has children – Please attach a copy of your child's full birth certificate or physician's notice.</p> <p><input type="checkbox"/> I am a student who will be living in the Triad Area and will be commuting to campus. – Please attach a letter from your parent or guardian explaining why you are requesting to live off campus and verifying the physical address where you will be residing. A day and evening telephone number must be included. (For students 17 years or under ONLY!)</p> <p><input type="checkbox"/> Other- Please attach a signed letter, and any other relevant documentation, explaining why you are requesting approval to live-off campus.</p>

When submitting this form I understand that commuter students are held to all standards stated in the Bennett College Belle Handbook and Bennett College Honor Code.

Student's Printed Name	Student ID Number	Date
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Student's Signature	Date
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Parent/Guardian Signature <i>Required if student is under 18 years of age at the time of application)</i>	Date
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Mail To: Bennett College
Office of Campus Life
900 East Washington Street Box 81
Greensboro, NC 27401

Fax To: (336)517-2202
Email To: campuslife@bennett.edu

