

**Section I. Student Information**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Off Campus Address

\_\_\_\_\_  
Landlords Name and Phone Number must be provided

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

Application for term requested  Spring  Fall

Freshman  Sophomore  Junior  Senior

(\_\_\_\_\_) \_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Current Housing Assignment

**Section II. Reason for Application**

- 1. The student is living with an approved family member (this does not include cousins) within commuting distance (60 miles). Attach a letter with your address from the family member/caregiver stating the student will be living at his/her residence.**
- 2. The student is married or caring, dependent children. - You may be asked to provide Documentation.**
- 3. The Student is a Veteran. You may be asked to provide Documentation.**
- 4. The student is 22 years of age by the beginning of the semester of enrollment.**
- 5. The Student is 21 years of age by the beginning of the semester and has completed 90 hrs. of college. Please provide address.**

If your reason for application is not listed above: **Please see the Emmanuel College Housing exemption Policy in the EC'S Student Handbook (page 150) on- line.**

**Section III. Required Signatures:**

\_\_\_\_\_  
1. Student Development: Dr. Reynolds /C. Hamil

\_\_\_\_\_  
2. Coach if you are an athlete

\_\_\_\_\_  
4. Financial Aid Counselor

\_\_\_\_\_  
5. Your Academic advisor:

*You must have all signatures that apply, before you return your off-campus Housing application in to Mrs. Carey for off-campus residency processing.*

**Section III Student Statement**

*By signing below, I acknowledge that the information provided above is true. I understand that I am responsible for having read and understood the residency Exemption Policy requirements stated in the Emmanuel College Student Handbook. I understand that, should this application be denied, I will be required to continue on-campus residency.*

We (parent/legal guardian and student) certify that all information provided in this application is complete and correct and we understand that any false information or fraudulent documents are a violation of the student code of conduct and will subject the student to the sanctions and penalties outlined in the student handbook.

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Residence Life Office Use Only**

\_\_\_\_\_  
**Date Received**

\_\_\_\_\_  
**Received By**

**Decision:**  Approved  Denied **Appeal:**  Granted  Denied

**Staff Initial** \_\_\_\_\_