



RESIDENCY STATUS CHANGE REQUEST FORM

Residency Requirement as written in the Housing Agreement

- All accepted full-time students are required to reside on campus.
- Students are permitted to reside off-campus if they are living at home with a parent or guardian or can provide proof of independent status. Student must live within 50 miles driving radius of the college.
- Please note that based on Federal Government regulations, a person must be at least 24 years of age to qualify for independent status, or as verified by Student Financial Services.

Check one:

- I am currently a commuter and would like to become a resident.
- I am currently a resident and would like to become a commuter.* (complete information below)

Name: _____

Student ID #: _____ Cell phone : _____

Term requested for status change: _____

Reason for status change request: _____

Parent/Guardian Name and Relation: _____

Address: Street/Apt. _____

Address: Town/City: _____ State: _____

Home Number: _____ Cell: _____

I certify that the above information is correct and that if found to be living at a residence during different that the one listed above I will be subject to pay for Dean College room and board charges for the current semester and will need to move back to campus within two business days. I understand that my residence hall room will be based upon what occupancies currently exist on campus and determined by the Office of Residence Life.

Student Name: _____ Date: _____

Student Signature: _____

I certify that the above information is correct and that I currently maintain full time residence at this location. I acknowledge that if my student is found to be living at another residence during this time they will be subject to pay for Dean College room and board charges for the current semester and will need to move back to campus within two business days. I understand that my student’s occupancy on campus will be subject to what occupancies currently exist on campus and determined by the Office of Residence Life.

Parent/ Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

*The Associate Director of Residence Life must verify parent/guardian information before a resident to commuter status change is approved.

****Dean College has a 4-year residency requirement for ALL students. ****

OFFICE USE ONLY:

Approved: _____ Financial Services notified: _____ Room Assignment: _____