

# Kentucky Wesleyan College

## Application for Permission to Live Off Campus

### Fall 2016

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**This completed application must be submitted to the Student Life Office no later than Friday, July 1, 2016 if you wish to live off campus during the 2016 – 17 academic year. After this date, students will be committed to a residence hall contract for the entire 2016-17 academic year.**

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Campus/Local Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Semesters Lived on Campus, including this semester. (Must live on at least 6 semesters) \_\_\_\_\_

Overall Cumulative Grade Point Average at KWC. (Must have at least a 2.5 cumulative GPA) \_\_\_\_\_

Number of hours completed at KWC: \_\_\_\_\_

All full-time Kentucky Wesleyan College students, regardless of age, who receive the equivalent of 75% tuition in institutional aid: KWC unrestricted, restricted, and endowed scholarships for academic, athletic, talent, and need base are required to live on-campus **unless they qualify as commuters and are living with an immediate family member (defined below) or a legal guardian over 21 years of age, who live within 30 miles of campus, or are classified as independent**

**Take this form to Financial Aid to verify percentage of Institutional Aid.**

<b>This section to be completed by Financial Aid.</b>	
<b>This student Receives more than 75% Institutional Aid.</b> _____	<b>This student receives less than 75% Institutional Aid.</b> _____
<b>Financial Aid Officer Name:</b> _____	<b>Date:</b> _____

**Address if Permission is Granted:** \_\_\_\_\_

**Phone if Permission is Granted:** \_\_\_\_\_

**Indicate below which criteria you meet that could allow you to be granted permission to move off campus:**

\_\_\_\_\_ **21 Years or Older** - Residential students who have lived on campus at least 6 semesters with GPA of 2.5 or better, who will reach the age of 21 prior to September 1, 2016.

\_\_\_\_\_ **Independent** - Students who are classified as independent (as defined by the most recently filed tax return), married, or support a dependent over 50% as determined by the FAFSA.

\_\_\_\_\_ **Commute From Home** - Students who meet Commuter requirements - living with an immediate family member (defined above) or a legal guardian over 21 years of age, who live within 30 miles of campus. Family must also complete the notarized form attached.

**(Please Turn Page Over. Application Continued on Back)**

\*\*\*\*\* NOTICE \*\*\*\*\*

**Students whose applications are approved have two weeks from the date of their notification letter to accept or reject their permission to live off campus. Once a student has rejected their permission to live off campus for the following year, s/he may not reapply for permission to live off campus for that same year.**

**Please note that, due to differences in the total cost of education with off-campus housing, students who move off campus may experience a reduction in financial aid eligibility.**

**Depending upon the student's eligibility, there may also be a reduction in the amount of financial aid received. Any reductions in aid will be made in compliance with federal, state and institutional regulations and policies.**

**My signature below indicates that I have read this application and I attest that that information provided on it is true to the best of my knowledge. I also understand that my financial aid may decrease if I should be granted permission to live off campus next year and do so.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

OFFICE USE ONLY	
Approved by: _____	Rationale: _____
Notification to:	<input type="checkbox"/> Financial Aid <input type="checkbox"/> Registrar <input type="checkbox"/> Business Office



By signing below, I, \_\_\_\_\_ (Relative's printed name) am acknowledging that (Student's name) \_\_\_\_\_ will be living in my household and commuting to school beginning Spring 2016.

I agree to notify Kentucky Wesleyan College, via Student Life, if this arrangement changes at any time. Failure to do so will result in payment in full of the charges that would be incurred from being a residential student.

**(Please Print)**

Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Relative's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Relative's Address  
Address (street): \_\_\_\_\_

Address (city, state zip): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Date: \_\_\_\_\_

Expiration: \_\_\_\_\_