



OFFICE USE ONLY

____/____/____
Review Date

Denied

____/____/____
Data Entry Date

Staff Initials

Approved

Staff Initials

OFF-CAMPUS REQUEST FORM

This is an application; no change in residency should take place until you have received written approval from the Office of Residence Life. We are unable to process incomplete applications.

Return this form to the Office of Residence Life (MSAC 2009) prior to May 1st, 2013. If you do not meet the minimum requirements to live off campus the Off-Campus Review Board will review your application. The Off-Campus Review Board, comprised of faculty and staff, meets once per month. If you are requesting to move off campus for health reasons (e.g. allergies, migraines, or a learning disability) and do not meet the minimum requirements you must contact David Humphrey, Coordinator for Students with Disabilities at dhumphrey@cn.edu.

Fill in the information below and attach any necessary documents:

- Please cancel my meal plan assignment if I am approved to live off campus.
 I would like the following meal plan: Unlimited 12/wk. 100 Block 40 Block

Student's Name CN ID # Current Age DOB # of hrs. completed

Phone # Email Address (notification will be sent to this e-mail address)

(CHECK ALL THAT APPLY)

I am requesting approval to live off-campus for the following reason(s):

- I will be twenty-one (21) years of age or older before May 9th, 2013.
 I am/will be, a junior with a minimum of sixty-four (64) earned credit hours or have completed 2 fall semesters and 2 spring semesters at Carson-Newman College. *If applying in the spring for the fall semester, you must have 48 hours completed and 16 currently attempted. Please attach a copy of your transcript to include current hours.
 I will be living with my parent(s), immediate adult family member (i.e. grandparents, aunts, uncles, etc.) and/or legal guardian(s) at their permanent home address. *Parent(s)/guardian(s) will be contacted for verification. However, your requests must be accompanied by a letter from your parent(s)/guardian(s) confirming that you will be living at their permanent address.
 Although I do not meet the aforementioned criteria, I am requesting that the Off Campus Request Review Board consider my circumstances. *Please include a written statement outlining the circumstances you would like to be considered by the Off Campus Request Review Board and a letter of approval from your parents or legal guardian.

For verification purposes please print the address of where you plan to move:

Street Address City
State Zip Code Parent(s)/Guardian(s) Phone #

*Note - Your financial aid was processed based on your on-campus status. Since your status may change for the next semester, your financial aid will also change. If you wish to know how this change will affect you prior to the start of the term, please be sure to contact the Office of Financial Assistance.

I certify the above statements and accompanying document(s) are true and complete. I understand that falsification of this application is in violation of the College Code of Conduct as outlined in the Eagle Student Handbook. I agree to comply with the rules and regulations as outlined in the Carson-Newman Catalog and Student Handbook. I understand that failure to do so, or providing misinformation, may result in rescission of off-campus privileges, assessment of room and board, and/or disciplinary action.

I understand that this form will be processed in a timely manner, and that my approval to move off-campus is not considered official until I have received notification from the Office of Residence Life.

Student Signature Date