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 31**ST.

PLEASE PRINT IN INK

EARNED CREDIT HOURS:		
☐ 0-25 HOURS ☐ 26-57 HOURS	☐ 58-91 HOURS	□ 92+ HOURS
STUDENT ID #:		
NAME:		
HOME ADDRESS:		
LOCAL ADDRESS (if different from al	bove):	
CELL NUMBER:	HOME	PHONE:
CAMPUS BOX (if applicable):		
BENNETT EMAIL (if applicable):		
Semester Applying for: FALL □		SPRING □
OMMLITED STUDENT MEAL DLANS (A)	ailabla for nurchasa thr	ough the Business Office for all commuter students)
EX- \$0.00	EXEMPT FROM	
C2- \$162.15		AL PLAN: 25 MEALS (ANY COMBINATION T, LUNCH, AND DINNER) 7 DAYS A WEEK URDAY
CO- \$219.65 25 BLOCK MEAL PLAN, PLUS \$25 FLEX 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

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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:				
-	sting approval to live off campus be one and provide the appropriate docu			
I am a student who is 24 years of age- R	ecords will be checked with the Regis	sters' Office.		
I am a student who is a 5 th year senior- F	Records will be checked with the Reg	istrar's Office.		
I am student who is married – Please atta	ach a copy of your marriage certificat	te.		
I am a student who is with child or has c physician's notice.	hildren – Please attach a copy of you	r child's full birth certificate or		
I am a student who will be living in the T your parent or guardian explaining why you you will be residing. A day and evening telep Other- Please attach a signed letter, and approval to live-off campus.	are requesting to live off campus and phone number must be included. (Fo	verifying the physical address where r students 17 years or under ONLY!)		
When submitting this form I understand that c Handbook and Bennett College Honor Code.	ommuter students are held to all stand	dards stated in the Bennett College Belle		
Student's Printed Name	Student ID Number	Date		
Student's Signature		Date		
Parent/Guardian Signature Required if student is under 18 years of age at		Pate		
Mail To: Bennett College Office of Campus Life 900 East Washington Street Box 81 Greensboro, NC 27401				

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Fax To: (336)517-2202

Email To: campuslife@bennett.edu