NEW STUDENT OFF CAMPUS HOUSING REQUEST FORM OFFICE OF RESIDENCE LIFE, WHEELING JESUIT UNIVERSITY

Full time undergraduate students are required to live in campus housing. Students who would like to request to live off campus can do so by completing this form. The form deadline is August 1 for the Fall semester and December 1 for the Spring semester. Please anticipate 1-2 weeks to process this form once completed. Completing this form does not mean that a request has been approved. Students will be notified through their University e-mail account if a request is approved/denied *If, at any time, information on this form is found to be inaccurate or falsified, a student will automatically be billed the appropriate Housing Fee.*

Name:		_
Please check the box belo	ow that best describes your Off Campus Housing Request	
\square You are married. <i>Include a copy of which you will be commuting.</i>	f your marriage license and a signed/dated letter stating the address from	
	dy of your child (children). Include a copy of your child's birth certificate address from which you will be commuting.	
official letter from your treating doctor Jesuit University is not able to provide t Director of the Disability Services Cente	circumstance that cannot be accommodated on campus. Include a legible, or/physician on office letterhead detailing your condition and why Wheeling the necessary accommodations. This request will require review by the err as well as WJU Health Center and (as needed) the Food Services Provider. Ing the address from which you will be commuting.	
campus AND is living at the home of a guardian with the permanent address attend Wheeling Jesuit University. *Be	lives within a 50 mile driving distance of Wheeling Jesuit University's a parent or legal guardian. Include a notarized letter from your parent or and written confirmation that you will be commuting from that address to advised that starting for the 2018-2019 academic year, the driving distance nonor students approved prior to 2018-2019 at the 50 mile distance.	•
other form of government identificatio	age or older. Include a copy of your driver's license, birth certificate, or n to verify age. Also include a signed/dated letter stating the address from onsidered for this request, you must turn twenty-two (22) prior to the	
checking this box, a HOUSING FEE will double room and full meal plan. Your	U STILL WISH TO LIVE OFF CAMPUS, PLEASE CHECK THIS BOX. Realize by be added to your Student Account. This fee is the equivalent of the cost of financial aid package will not be effected. By checking this box, you are will be added to your student bill. A room will be assigned to you on campus erved space is utilized.	

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Student Signature:		ate:		
Director of Residence Life Signature:				
Date:				
	Office of Residence Life Use Only			
Date Received:	□ Address Verification Completed	Miles from WJU		
Reviewed by:		Date:		
Final Decision: Approved Declined				
Notification sent to: Student Business Office Financial Aid				