

## OFF CAMPUS HOUSING REQUEST FORM

### OFFICE OF RESIDENCE LIFE, WHEELING 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. BE advised that a completed Housing Contract states that a student agrees to "initial occupancy on the first day of class." A student may not be released from the Housing Contract (and accompanying room assignment) after the first day of class in a semester. For this reason, complete this form as soon as possible. Please anticipate on (1) week to process this form once submitted to the Office of Residence Life. 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: \_\_\_\_\_

ID# \_\_\_\_\_

#### Please check below the line that best describes your Off Campus Housing Request

**You are married.** *Include a copy of your marriage license and a signed/dated letter stating the address from which you will be commuting.*

**You are a signal parent with custody of your child (children).** *Include a copy of your child's birth certificate and a signed/dates letter stating the address from which you will be commuting.*

**You have a documented medical circumstance that cannot be accommodated on campus.** *Include a legible, official letter from your treating doctor, physician, or health care professional on office letterhead detailing your condition, including a diagnosis, and why Wheeling University is not able to provide the necessary accommodations. This request will require review by the Director of the Disability Service Center and, as needed, the University's Health Center and/or Food Services Provided. Also include a signed/dated letter stating the address from which you will be commuting.*

**You are a commuter student who lives within a 35 mile driving distance of Wheeling University's campus AND is living at the home of a parent or legal guardian.** *Include a notarized letter from your parent or guardian with the permanent address and written confirmation that you will be commuting from that address to attend Wheeling University. Must also provide copy of a valid Driver's License where address on notarized letter matches address on valid Driver's License.*

**You are twenty-two (22) years of age or older.** *Include a copy of your driver's license, birth certificate, or other form of government identification to verify age. Also include a signed/dated letter stating the address from which you will be commuting. To be considered for this request, you must turn twenty-two (22) prior to the first day of classes in a semester.*

**You are participating in the Learn Local Program.** *Include a notarized letter from your parent of guardian with the permanent address and written confirmation that you will be commuting from that address to attend Wheeling University. Must also provide copy of Driver's License where address on notarized letter matches address on valid Driver's License. **Note:** Student Athletes are not eligible for this program.*

**IF NONE OF THESE APPLY AND YOU STILL WISH TO LIVE OFF CAMPUS, PLEASE CHECK THIS BOX.** Realize by checking this box, a **Housing Fee** will be added to your Student Account. This fee is the equivalent of the cost of a double room and full meal plan. Your financial aid package will not be effected. By checking this box, you are stating you are aware of the fee that will added to your student bill. A room will be assigned to you on campus and it is the student's choice if this reserved space is utilized.

Turn over for form completion

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

Director of Residence Life Signature: \_\_\_\_\_

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

Office of Residence Life Use Only

Date Received: \_\_\_\_\_ Address Verification Completed Miles from WU \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Final Decision:      Approved \_\_\_\_\_      Declined \_\_\_\_\_

Notification sent to Student \_\_\_\_\_ Business Office \_\_\_\_\_ Financial Aid \_\_\_\_\_ Registrar \_\_\_\_\_