

MILLIGAN COLLEGE OFF CAMPUS LIVING REQUEST

Please return this form to the Student Development Office; PO Box 500; Milligan College, TN 37682 or fax to 423-461-8382

Name _____ Date _____ Phone _____

____ 1st time student at Milligan College e-mail _____

____ Returning student Dorm/Room _____

____ Former Milligan student/not enrolled at Milligan previous semester

If approved off campus my address will be: _____

I request to live off campus for: fall 20__ __ spring 20__ __. My year in school for the requested semester _____

At start of requested semester I will be age _____ Date of birth _____/_____/_____

I base my request & qualification(s) to live off campus on criteria # (s) _____ below.

*(If request is based on #2 below, answer the following)

Name of immediate family member with whom I will be residing _____

Immediate family member's relationship to me _____

Students enrolled at Milligan College must reside on campus unless they meet one of the following criteria, in which case campus residency is optional.

Any student receiving financial aid, whose living arrangements change during the school year, must contact Student Financial Services. (Changing your living arrangements may affect the amount of financial aid you are receiving since total expenses affect the amount of government aid awarded.)

Criteria for off campus residency - **Please circle the # of the item** below relating to your circumstances:

1. Any student who is married
2. Any student who is living with a member of his/her immediate family (parents, grandparents, married brother or sister)
3. Any student who has completed 128 semester hours or 8 semesters of full time academic work
4. Any student whose total load for a given semester is less than 9 hours
5. Any student who is a military veteran of more than one (1) year
6. Any student who will be 23 years or older before the fall semester

Student may add any additional explanation or information here:

Signature of Student _____

*Signature of Immediate Family Member verifying #2 above if applicable _____

*Family Member's relationship to student: parent grandparent married brother/sister other

*Family Member's phone # for verification _____

Committee decision: _____ approved

_____ denied

date _____ need additional information

revised 3/16/09 – Request form for off campus living