



Off-Campus Housing REQUEST FORM

Name: _____ ID#: _____

Current Mailing Address: _____

Current Phone #: _____

Off-Campus is Requested for: _____ OF _____
(semester) (year)

Birth date: _____

Semester Hours Earned:

Cumulative hours to date: _____

Potential hours this semester: _____

TOTAL _____

McMurry University is essentially a residence university and students are required to live in the residence hall setting until they have completed **60 McMurry credit hours**, or have lived on campus for 4 LONG (fall or spring) semesters, or they are 21 years of age. Residence halls are maintained as part of the total educational experience available to students. They provide a supportive framework for intellectual and social growth. Without off-campus housing approval, students are required to live in the residence halls and purchase a meal plan.

REASON FOR REQUESTING TO MOVE OFF CAMPUS:

(Please check **ONE** and provide the appropriate information)

_____ 1. I have completed a minimum of **60 McMurry** credit hours or lived on campus for **4 LONG (fall or spring)** semesters
Semesters lived on campus: _____

_____ 2. I am at least 21 years of age.

_____ 3. I will be living with my parents or legal guardians within a 30 mile radius of the campus.

Parent/Legal Guardian must read and sign the back of this form!

PARENT/GUARDIAN NAME: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

_____ 4. I am married/getting married. WEDDING DATE: _____

_____ 5. I am requesting a medical exemption as prescribed by a medical doctor.

*You must complete and submit an Off-Campus Medical Exemption Packet in addition to this form.

My signature below certifies that the information above is true and correct to the best of my knowledge. I understand that falsifying information is a violation of the Student Code of Conduct. I understand that falsification of information on this application may result in judicial action being taken against me. I understand that if I receive off campus approval that I may need to complete additional paperwork in the Residence Life office to cancel room reservations and/or meal plan. I understand that if I receive a letter denying my request to live off campus that I may be charged for room and board until such time as I meet the requirements to live off campus. **Applications are reviewed April 15th – August 1st each year. Applicants will receive a letter at the address above notifying them of the final decision no later than August 15th.**

Student Signature

Date

FOR OFFICE USE ONLY

APPROVED:

_____ Meets established criteria # _____

_____ Exception granted by the Dean of Students

DENIED:

_____ Does NOT meet requirements

_____ Application not complete

_____ Letter Sent to Student _____ Computer Record Updated DATE: _____ INITIAL: _____

To be filled out by the Parent/Legal Guardian from Item 3 on the front page

I, the undersigned, certify that my son/daughter will be living with me, the parent/legal guardian, at my permanent residence which falls within a 30 mile radius of McMurry University and that the address and phone number listed in item 3 on the front of this form are correct. I understand that the Student Affairs office may call me at random to confirm that my son/daughter is still living at the permanent residence of the parent/legal guardian and if at any time the Student Affairs office finds that my son/daughter is not living at the permanent residence of the parent/legal guardian he/she may be billed for a residence hall room and meal plan.

Signature of Parent/Legal Guardian

Date