



# Off-Campus Housing REQUEST FORM

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_

Current Phone #: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_  
McMurry Email Address: \_\_\_\_\_  
Birth date: \_\_\_\_\_

Semester Hours Earned:  
Cumulative hours to date: \_\_\_\_\_  
Potential hours this semester: \_\_\_\_\_  
TOTAL \_\_\_\_\_

McMurry University is a residential university and students are required to live in the residence hall setting until they have specific reasons/requirements that are listed below. 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. **We encourage all students to not seek any off-campus housing options until you have been officially notified of your approval based on your request.**

**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. College credits you obtained from high school **do not** count.  
Semesters lived on campus (if applicable): \_\_\_\_\_
2. \_\_\_\_\_ I am a transfer student that has lived on campus at another college/university for **4 long semesters** or I have an **Associate's Degree** at another college.  
Semesters lived on another campus (if applicable): \_\_\_\_\_
3. \_\_\_\_\_ I am 21 years of age (by the first day of classes).
4. \_\_\_\_\_ I am married/getting married within the academic year. \*Additional documentation (marriage certificate for example) will need to be provided for final approval  
WEDDING DATE: \_\_\_\_\_
5. \_\_\_\_\_ I have served in the military or am currently enlisted.
6. \_\_\_\_\_ I have/will be having children/dependents that I provide for within the academic year.
7. \_\_\_\_\_ \*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. To receive that information, please contact Shane Thomas (Thomas.shane@mcm.edu) or the Student Affairs Office.**
8. \_\_\_\_\_ 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 below!**  
PARENT/GUARDIAN NAME: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**To be filled out by the Parent/Legal Guardian from Item 8:**

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

My signature below certifies that the information on the previous page 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 and I may receive a housing charge if found in violation. 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 15<sup>th</sup> – August 1<sup>st</sup> each year for fall applicants. Applicants will receive an email notifying them of the final decision no later than August 15<sup>th</sup>.**

\_\_\_\_\_  
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: \_\_\_\_\_