



ALVERNIA UNIVERSITY **Off-Campus Housing Petition 2010-2011**
Office of Residence Life

All first- and second-year undergraduate students who are enrolled full-time, are under 21 years of age, and who have completed 59 or fewer academic credits are required to live in University housing. All students requesting an exemption from the residential requirement must complete this petition and will subsequently be notified of the University's decision.

PERSONAL INFORMATION: Please print clearly

This petition is for: Fall 2010 Admission Spring 2011 Admission
 Last Name _____ First Name _____
 Date of Birth (Month/Day/Year) _____
 Address _____
 City _____ State _____ Zip _____
 E-mail _____ Phone # _____
 If Transfer student—number of credits transferring in: _____

RATIONALE FOR OFF-CAMPUS LIVING (Please check one.)

- Commuter student residing with parent(s) or legal guardian. **(Parent signature required, below.)**
- Caregiver for Young/Elderly
- Age 21 or older
- Married
- Completed 60 or more academic credits
- Special need with a medical disability. **(Parent signature required, below; supporting documentation from a healthcare provider must be attached.)**

PLEASE ELABORATE _____

PARENT OR LEGAL GUARDIAN (Print Name) _____ **Phone** _____

Signature of Parent or Legal Guardian _____ **Date** _____

I understand that I am requesting permission to reside off-campus from Alvernia University. In doing so, I realize that each request is being handled on a case-by-case basis. I agree to abide by the Student Code of Conduct, both on- and off-campus, as stated in the University Handbook. I agree to register my off-campus address with the Office of Residence Life prior to the beginning of the requested semester. I understand that this petition is good only for the academic year indicated above.

I understand that if my off-campus housing petition is denied, I am responsible for securing an on-campus residence through Residence Life and all fees will be implemented.

I hereby certify by my signature below that all the information I have provided or agree to as being true.

_____ Student Signature _____ Date

Return completed application to:
 Office of Residence Life • Alvernia University • 400 Saint Bernardine St. • Reading, PA 19607
Questions about this form? Please contact us at 610-796-8320.

For office use only	Date received: _____	SID: _____
	PETITION DECISION	
	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Decision Pending Additional Information	
	Reason: _____	
_____		_____
Signature, <i>University Official</i>		Date