

SECTION 1: CONTACT INFORMATION

LAST NAME	FIRST NAME	M.I.	NCWC STUDENT I.D. NUMBER
PERMANENT/HOME STREET ADDRESS	APT. #	CITY	STATE ZIP CODE E-MAIL ADDRESS
() -	() -	() -	
CELL PHONE	HOME/PERMANENT PHONE	EMERGENCY CONTACT PHONE NUMBER	EMERGENCY CONTACT NAME & RELATIONSHIP TO YOU
DATE OF BIRTH (MONTH/DAY/YEAR)	AGE IN YEARS	DIETARY RESTRICTIONS AND/OR FOOD ALLERGIES	<input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR CURRENT CLASS YEAR (CHECK ONE)

SECTION 2: ELGIBILITY

Those meeting one of the following criteria will be given the strongest consideration for approval. Please check all that apply to you. Individuals that do not meet any of these criteria should skip this section and attach an appeal statement that explains why they should be granted permission. This statement should include as much detail as possible regarding why you would like to move off campus, where you would live, who you would live with, and how you plan to be a successful student while living off campus.

- I am 22 years of age or older (or will be by August 31, 2018)
 - I have at least a 2.75 GPA with 60 credit hours completed
 - I am an international student who has lived on campus for two (2) semesters
 - I reside with my child (Copy of birth certificate required)
 - I am married (Copy of marriage certificate required)
 - I am a US citizen/permanent resident and am considered an independent student (Requires verification from the Financial Aid Office)
 - I reside with my parent(s)/legal guardian(s) who live within a 50-mile radius of the main campus. (Statement below must be completed.)
- I, _____, verify that _____ is my child/legal dependent, and that he/she will
 (Print name of parent/legal guardian) (Print name of student)
 reside with me at _____ while a full time student at NCWC. I live within a
 (Complete Address)
 50-mile radius of the main campus. I understand that if my student is not living with me that he/she will be billed to live on campus.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

SECTION 3: OFF-CAMPUS HOUSING & TRANSPORTATION PLANS

If you were approved to live off campus, where would you live and who would you live with? (If you plan to live with others, please state whether they are also NCWC students. If they are not, please describe the nature of your relationship.)

How would you commute to campus?

- I have a personal vehicle.
- The following friend or family member has agreed to provide me with daily transportation: _____
- Other: _____
- I have not planned for this.

SECTION 4: MEAL PLAN SELECTION (optional)

Students approved to live off campus are not required to purchase a meal plan. If you would like to add a meal plan, please make your selection below.*

- Week-Based Meal Plans: (\$2,800 per semester. The cost is the same no matter which of the following 3 plans you select.)
- 15 Cafeteria Meals/week+\$225 Flex/semester
 - 12 Cafeteria Meals/week+\$360 Flex/semester
 - 10 Cafeteria Meals/week+\$400 Flex/semester
 - Unlimited Meal Plan + \$100 Flex/semester (\$3,000 per semester)
 (This plan allows students to come into the cafeteria as often as they like without ever having to worry about running out of meal swipes.)

Commuter Meal Plans*:

- Blue Commuter: 45 Caf. Meals, \$100 Flex (\$370)
- Gold Commuter: 25 Caf. Meals, \$75 Flex (\$235)
- White Commuter: 15 Caf. Meals, \$50 Flex (\$155)

*Commuter plans are not built on a semester or weekly basis. Rather, you pay the price listed for the number of meals/flex indicated and you have until the end of the academic year to use them up. Students can purchase as many commuter meal plans as they like throughout the year.

SECTION 5: SIGNATURE

By signing this application I confirm all information provided above is true and accurate. I also am aware that if I am approved for permission to move off campus, this will apply starting the next academic year and, as such, I will not be included in the room selection process.

SIGNATURE OF STUDENT _____

DATE _____

Office Use Only: Approved Denied Signature: _____ Date Reviewed: _____