

PETITION FOR OFF-CAMPUS LIVING

Albright College has a four-year residency requirement. Students must live on campus or in permanent residence (i.e. with parents/guardians) during their four years of college. Appeals to this process are granted rarely. In order to be considered for appeal you must be a student in good academic and social standing.

You should always sign up for housing. Do not assume that your appeal will be granted. Do not make a commitment to off campus housing before the appeal is granted.

If you move off campus without the appeal being granted you could be charged for your assigned room and/or be prevented from course registration.

Thank you for your understanding.

OFF-CAMPUS HOUSING APPLICATION Anticipated Year of Graduation 20____

Off-Campus Application for: Fall Semester 20____

Spring Semester 20____

Name: _____ E-mail: _____

Current Address: _____ Phone: _____

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

- Live with parents (Commuter)
- Other _____

REASON FOR LEAVING CAMPUS HOUSING (You are required to provide an explanation.)

PARENT OR LEGAL GUARDIAN

Print Name: _____ Phone: _____

Signature of Parent/Legal Guardian: _____ Date: _____

STUDENT SIGNATURE I understand that I am requesting permission to reside off-campus from Albright College. In doing so, I realize that each request is being handled on a case-by-case basis by the Appeals Committee in the Department of Residential Life. I have reviewed local and state codes as they pertain to rental agreements. I agree to abide by the off-campus housing policy and the terms and conditions of off-campus living as printed in the College Compass. I agree to register my off-campus address with the office of Residential Life. I hereby certify by my signature below that all the information I have provided or agree to as being true.

Signature: _____ Date: _____

This petition for off-campus living will be reviewed by the Appeals Committee in the Office of Residential Life.

PETITION DECISION _____ Accepted _____ Denied _____ Pending/Additional Information Needed

Reason: _____

Signature, Director of Residential Life : _____ Date: _____