

WESTERN CAROLINA UNIVERSITY  
DEPARTMENT OF UNIVERSITY HOUSING  
Freshmen Request for Authorization to Commute

Today's Date \_\_\_\_\_

Request for: \_\_\_\_\_  
(Semester) (Year)

Name \_\_\_\_\_  
(Last) (First) (Middle)

WCU ID # \_\_\_\_\_

Campus Address (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street or PO Box)

\_\_\_\_\_  
(City, State, and Zip Code)

**I am requesting authorization to commute for the following reason:**

- \_\_\_\_\_ 1. I am a married student living with my spouse (**a copy of the marriage license is attached**).
- \_\_\_\_\_ 2. I am a student living with my parent(s) or legal guardian(s) in one of the counties contiguous with Jackson County (**a letter from my parents/legal guardian is attached**).
- \_\_\_\_\_ 3. I am a student with the majority of my classes on a campus other than the Cullowhee campus (**a copy of my class schedule is attached**).
- \_\_\_\_\_ 4. I am a veteran (**a copy of my DD214 is attached**).
- \_\_\_\_\_ 5. I am a non-traditional student (**age 21 or will be 21 before February 1 of the initial enrollment year or a student with a child or children, explain below**).  
Comments:

\_\_\_\_\_  
\_\_\_\_\_

If you have any questions regarding this form, please contact Lisa Surber, Room Assignments Coordinator for Residential Living at (828) 227 – 7303.

Student Signature \_\_\_\_\_

**Please submit this form along with proper documentations to the Department of Residential Living, 1<sup>st</sup> Fl. Scott Hall, Western Carolina University, Cullowhee, NC 28723.**

<b>FOR OFFICE USE ONLY</b>	
_____ Approved	_____ Not Approved
_____ Letter Sent	_____ Date/Initials
Authorization _____	

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

WCU ID#: \_\_\_\_\_