Freshmen Request for Authorization to Commute

Today's Date________________________ Request for: ____________________________
(Semester) __________________________ (Year) ____________________________

Name __________________________________ WCU ID # ______________________
(Last) __________________________ (First) __________________________ (Middle)

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, 1st Fl. Scott Hall, Western Carolina University, Cullowhee, NC 28723.

FOR OFFICE USE ONLY

_____ Approved _________________________ Not Approved _________________________

_____ Letter Sent _________________________ Date/Initials _________________________

Authorization ________________________________