



OFF CAMPUS HOUSING REQUEST FORM

Housing Policy

All undergraduate students (including 3/2 MBA candidates) are required to live in on-campus housing for 6 consecutive Fall & Spring semesters (3 years) unless granted approval to live off campus by the Office of Residence Life & Housing. Students who are 21+ years of age or will be 21 during the first 10 days of classes, married, a transfer student or commuting from the primary residence of a parent within a 40-mile driving distance from 143 Main Street Buies Creek, NC 27506 may submit a form and documentation for approval to live off campus.

This Off Campus Housing Form with accurate physical and local mailing addresses must be submitted and approved by the Director of Residence Life for all students living off campus. **All full-time undergraduate students will be billed the Residency Requirement Fee unless this form has been approved.**

Student Conduct In Off Campus Housing

The Campbell University Code of Honor and Student Code of Conduct applies to all students. Violations of established policies in the Student Handbook will be referred to the Office of Community Standards and Student Conduct.

This form may be emailed to residencelife@campbell.edu, mailed to the Attention of Residence Life at *PO Box 95 Buies Creek, NC 27506* or faxed to the Attention of Residence Life at *910.893.1534*

Requesting off-campus housing for: Fall Spring Semester of _____ (year).

Full Name: _____ ID Number: _____

Cell Phone: _____ Date of Birth: _____/_____/_____

University Email Address: _____

Current Room Assignment: _____ Total Semesters on Campus: _____

Reason for Request: _____

Permanent Address: _____

Off-Campus Address: _____

Type of Property: Rental Parents Home Other

Signature of Student _____ Date _____

If you are currently under the age of 21, this form must be signed by a parent and the parent's signature must be notarized.

Signature of Parents _____ Date _____

Notary for Parent/Guardian's Signature if Student is under the age of 21

_____ County, in the State of _____

I, _____, a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and the official seal, this the _____ day of _____, 20_____.

My commission expires _____, 20_____. _____ Notary Public

Approved To only commute from home of parents

Not Approved

Residence Life Director

Date