Saint Mary-of-the-Woods College

Commuter Status Application
2012-2013

Full Legal Name: _____
Last First Middle Maiden

Permanent Address: _____
Number and Street

_____
City State Zip Code

Home Phone: ( ) _____ Cell Phone: ( ) _____ Email: _____

1. I am requesting Commuter Student Status to begin: ☐ Fall Semester ☐ Winter Semester _____
Exact Date if Mid-Semester

2. I understand that in order to be eligible for Commuter Student Status, I must live with a spouse, parent(s) or legal guardian who are bona fide residents living within 60 miles of SMWC or:

   ☐ I am over the age of 24 ☐ I am an Independent student as defined by financial aid regulations

   Note: Independent students as defined by financial aid regulations, part-time students (11 hours or less) in the campus-based program, or those enrolled primarily in the distance learning format are not bound by the residency requirements. Students over the age of 24 are requested to seek off-campus housing.

   If you do not meet the above criteria and wish to have your resident status waived, please give an explanation on the reverse side of this form.

3. I am a: ☐ New Freshmen ☐ New Transfer ☐ Returning SMWC Student

4. As a Commuter Student I will be living with the following individual(s):
(Check one and indicate the name of the person(s) with whom you will be living.)

   ☐ Parents ☐ Mother Only ☐ Father Only ☐ Legal Guardian ☐ Spouse ☐ Living Alone

Full Legal Name: _____
Last First Middle Maiden

Permanent Address: _____
If different than above Number and Street

_____
City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____
Area Code Area Code

I attest that the information contained in this application is accurate.

Student Signature: _____ Date: _____

Return to: **Saint Mary-of-the-Woods College**
Office of Student Development
1 Saint Mary of the Woods College
Saint Mary of the Woods, IN 47876

Office Use Only:

Date Received: _____ Approved: ☐ Yes ☐ No Reason: _____

SMWC BOUND

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