



PLEASE NOTE BEFORE COMPLETING FORM: University policy states that ALL single, full-time, undergraduate students under the age of 21 **or having fewer than 59 credit hours completed prior to the first day of class of any given semester**, are required to live on campus and participate in a meal program offered by the University. Exception is made for students residing with their parents/legal guardian in the **parents'/legal guardian's principal residence within a 35-mile driving distance** of the University campus. Students living off-campus who fail to meet **either of these requirements** will be assessed the lowest room and board rates for that semester. **NOTE: Incomplete forms will not be processed and may result in your being charged room and board fees.*

Please print all information.

Name: _____
Last First Middle

Date of Birth: ____ / ____ / ____ **Commuting Distance to Campus:** _____ miles
M D Y

Please indicate the term you will start living off campus:

Fall 2022 Spring 2023 Fall 2023

Student's permanent address:

Person's with whom you will live (please list):

Name: _____

Name: _____

Street Address: _____

Relationship: _____

City, State, Zip: _____

Street Address: _____

Phone Number: _____

City, State, Zip: _____

Cell Phone: _____

Phone Number: _____

Cell Phone: _____

I have not requested a campus housing assignment.

Homeowner's Signature: _____

I would like to have an exemption to the policy based on this reason: _____

By signing this form, I certify that all information is accurate, and I give permission for the release of any information requested by Mount St. Joseph University relating to my request to include personal medical records when appropriate. Should it be found that I have misrepresented any information, I understand that I will be subject to applicable fees and University disciplinary procedures. Form will be reviewed by the Dean of Students for approval.

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Printed Name _____

In the event your address or status changes, you are required to complete a new Commuter Verification Form.

*Submit this form with any current documents necessary for verification. Please mail completed form to: **Dean of Students Office, Mount St. Joseph University, 5701 Delhi Road, Cincinnati, OH 45233-1670.***

| FOR OFFICE USE ONLY |
|---------------------|
| Student ID# _____ |

| APPROVED BY |
|-----------------------|
| Name _____ Date _____ |

Mount St. Joseph University is committed to providing an educational and employment environment free from discrimination or harassment on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, gender identity, or other minority or protected status. This commitment extends to the University's administration of its admission, financial aid, employment, and academic policies, as well as the University's athletic programs and other University administered programs, services, and activities.

The University has designated the chief compliance and risk officer, 513-244-4393, Office of the President, as the individual responsible for responding to inquiries, addressing complaints and coordinating compliance with its responsibilities under Title IX of the Education Amendments of 1972 and other applicable federal and state civil rights laws. The University has designated the director of Learning Center & Disabilities Services, 513-244-4524, as the individual responsible for responding to inquiries, addressing complaints and coordinating compliance with its responsibilities under Section 504 of the Rehabilitation Act of 1973. **09-WO-000988/18/PDF**