



FLORIDA SOUTHERN COLLEGE

Off-Campus Housing Request

Office of Student Development • 111 Lake Hollingsworth Drive • Lakeland, FL 33801-5698

Telephone: 863-680-4209 • Fax: 863-680-4195

STUDENT NAME _____

• Please check one:

I wish to change from a resident to commuter student.

I wish to begin FSC as a commuter student.

• In order to be eligible to live off campus, at least one of the following criteria must be met. Please check the appropriate reason for the request.

Completing off-campus housing request form does not guarantee approval. If your request is approved, your campus housing space will automatically be released for the upcoming semester/year.

***** You must provide a written explanation of why living off campus will be more beneficial than living on campus. This applies to any of the categories listed below. *****

I will be at least 23 years old before the semester I am requesting to live off campus.

I am married. (Proof of marriage must be provided).

I am living with my custodial relative (i.e. parent) in our primary residence. (Must be within a 30-mile radius of the college.) This application must be accompanied by the notarized statement found at the end of this application.

FLORIDA SOUTHERN COLLEGE MISSION STATEMENT

Florida Southern College is committed to educational excellence and is a selective, comprehensive, private, United Methodist college with a strong liberal arts core and signature programs. The College enrolls a talented student body and includes an accomplished faculty who are dedicated to teaching excellence. Outstanding opportunities for engaged learning, student-faculty collaborative research and performance, service learning, study abroad, and honors study are distinctive features of the academic program at Florida Southern. The College offers exceptional student life programs, including a championship athletic program.

Florida Southern College believes that the residential experience is a vital component of its environment. Therefore, the discretion of approval of this request lies with the Dean of Student Development, even though criteria may provide eligibility. Some conditions on granting approval may be put in place.

A two-week time frame is requested for the consideration process. If you do not receive notification within two weeks of this request, please contact the Student Life Office in writing or call 863-680-4209. Approval is not automatically granted. Do not sign any leases in advance.

Please note: There is a \$500 fee if request comes after December 14 (for Spring Semester) and after April 1 (for Fall Semester) for changes to housing status. See www.flsouthern.edu/student_life/studenthandbook for housing deadline dates.

Student Initial _____ Date _____

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Name: _____ Student ID#: _____

Age: _____ Date of Birth: _____ Yrs. at FSC: _____ Campus Address: (Bldg / Room) _____

Permanent Address: _____
Street City State / Zip Telephone

Parent(s) Name: _____

Parent(s) Address: _____
(if different from above) Street City State / Zip Telephone

• Many times financial aid is affected by changing residential status. Signatures note that FSC Financial Aid staff has reviewed student Financial Aid file and you are aware that the financial aid award may decrease/increase/remains unchanged (circle one) if status is changed.

Financial Aid Representative Date Student Date

Location of the residence where you will reside if request is granted. Please be aware that the college is not responsible for intervening regarding any neighborhood disturbances or occurrences.

Address: _____
Street Apt. # City Phone: Home or cell

Owner of Property: _____ Phone: _____

Owner's Address: _____
Street City State / Zip

Notarization is required on all requests.

I/We request that _____ be permitted to live off-campus while attending Florida Southern College. I certify that I/We am/are the parent(s)/relative(s) of the student listed above. I/we am/are confirming the reasons provided/documented in this request.

(Signature of both parents/relatives required if both live at home): Signature _____

Signature _____

Address where student will live Telephone

If you are not a parent, what is your relationship to student? _____

**** This Section is for Notary Public use Only ****

County of _____ State of _____

Subscribed and sworn to this _____ day of _____, _____, by _____

who is personally known to me or has produced _____ identification.

Notary Public _____

Printed Name of Notary Public _____

My Commission Expires: _____

Please do not write below this line.

- approved
 not approved

Date: _____ Effective date: _____

Authorized by Dean of Student Development: _____

Conditions: All applications must be re-submitted for consideration each academic year unless otherwise noted.

- Re-application per semester
 Minimum cumulative/term GPA
 Convocation attendance
 No disciplinary actions
 Resume worthy activity