

Office of Residence Life  
Request for Commuter Status Designation  
Monmouth College

Date \_\_\_\_\_

Name \_\_\_\_\_

ID# \_\_\_\_\_

I request commuter student status at Monmouth College. I have checked the reason below for which I believe I stand eligible to live off-campus:

- I am a non-traditional student, 23 years or older.
- I have completed four years at Monmouth College.
- I live within driving distance of campus and can provide written proof of residency with parents or legal guardian (s).
- I have a health concern that requires me to live off-campus (Documentation from the physician provided).
- I am an orphan or the ward of the court until age 18 (documentary proof provided).
- My parents are deceased.
- I am a military veteran (documentary proof provided).
- I am married (documentary proof provided).
- I have legal dependents (documentary proof provided).

Signature \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only
<input type="checkbox"/> Approved
<input type="checkbox"/> Not approved
_____
INITIALS