OFF-CAMPUS HOUSING PETITION



Demographic Information

Name		
Home Address		
City	State	_ ZIP
Cell Phone ()	_ Email	
Current Campus Housing Assignment (if applicable)		
Birthdate Classification (circle of month day year	one): Senior Junio	r Sophomore Freshman
Credits Earned, including Current Semester: Full	-Time Semesters Compl	eted (any institution):
USF Residential Policy All unmarried, first- and second-year full-time (12+ credit hours) USF students are required to live in campus housing. Exceptions include those students who live with their parents, have completed four semesters of full-time college work (high school credits and summer sessions excluded), or are at least 21 years of age at the beginning of the semester for which off-campus housing is desired. (The full policy may be reviewed in the USF Student Handbook available at <u>www.usfstudenthandbook.com</u> . Exceptions to the residential policy must be secured <u>in advance</u> from Residence Life. Violators are subject to discipline and/or fines.		
Nature of Request to Reside Off-Campus		
Married	Recently Served in A	ctive Duty (paperwork attached)
Part-Time Student (less than 12 credit hours)	Residing with Parent	s or Immediate Family Member
Custodial Care of Dependent Child(ren)	21+ years of age on t	he first day of the semester
Other (Please submit a letter describing the details or circumstances that you believe warrant an exception to the residential policy.)		
(Anticipated) Off-Campus Address		
Name of Roommate(s):		
Address		_ Apt #
City	State	_ ZIP
Period of Time for Which this Request is Made (no more than	one academic year): F	ALL 20 SPRING 20
I confirm the above information is accurate. I further understand that providing false information is a violation of USF policy and may result in dismissal from the University. I also understand it is my responsibility to inform USF Residence Life staff of changes in my housing situation. Finally, I understand and will comply with the policies established in the USF handbook, and my parent(s) or guardian(s) may be notified of a violation if suspected or occurs.		
Student Signature		Date
FOR OFFICE USE ONLY (Date and Initial the Decision)	: APPROVED	DENIED
Date Received: Parent Verification Received	: Semes	ter(s) Approved: