## DEFIANCE COLLEGE

## **COMMUTER REQUEST FORM**

THE T NAME.			
FULL NAME:	CAMBLIC ADDRESS.	ID# <u>:</u>	
CELL PHONE:	CAMPUS ADDRESS:_ E-MAIL:		
<ul> <li>Please indicate below the reason</li> <li>1. Twenty-two (22) years of</li> <li>2. Completed 90 or more crossing</li> <li>3. Married</li> <li>4. Military Service Veteran</li> <li>5. Living with parents or leg legal guardians:)</li> </ul>	age or older (Date of edit hours PRIOR to the beginn	Birth): ning of the academic year	ress and phone number of parent(s)
This is to verify that (Signature of parent/legal gu	ny son/daughter will be comm	nuting on a daily basis from the	e above address indicated above.
(Signature of parent/legal gu	artian) (Student's Signa	lure)	(Date)
30-mile radius, all full-time stud	dents who are 22 years of age ents with less than 90 credit ho lls. Senior level students who	or older, and students living w ours completed PRIOR to the b maintain good academic and so	ith parents or legal guardians within a beginning of the academic year must resid becal standing may apply to live off-campu
Knowingly furnishing false in	formation to the college wi e information on the commu	th intent to deceive is a viol ter request form will be char	lation of the Student Code of Conduc ged full room and board, be required t
on the Commuter Request Forr campus. I further understand th	n, I will be instructed to move at I must submit a new Comm dition, I understand that any a	e into the residence hall and l nuter Request Form whenever ddress or telephone number c	for commuter status or falsify informatio I will be charged for living and eating o the information on the Commuter Reques hanges are to be reported promptly to th
			plication to:

**OFFICE USE ONLY:** 

 $\Box$  Approved  $\Box$  Denied  $\Box$  Need More Information