

ROOM AND/OR BOARD EXEMPTION APPLICATION FORM

Please return this form as soon as possible to the Housing Office
Olivet College, Olivet, MI 49076 Phone #: (269) 749-7611 Fax #: (269) 749-6664

Failure to gain approval for Exemption can result in the student being charged for room and/or board

Name: _____ SS#: _____ ID#: _____

Exemption for: Fall Yr: _____ Spring Yr: _____

Permanent (Home) Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Proposed Local (School) Address (if same as Permanent Address above, please write SAME)

Street: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Phone: () _____

To qualify for a Room and/or Board Exemption, you must meet at least one of the following criteria. Please check ALL that apply to you:

___ I am 23 years of age or older. Date of birth: _____

___ I have earned 88 or more semester hours.

___ I am married or a single parent caring for a child/children.

___ I am living with my parent(s)/guardian(s) at my permanent address within 45 miles of campus. (A letter of residency verification from your parent/guardian is required.)

___ I have a special situation. (All special situations are subject to approval by the Vice President of Community Life)

Exemption Desired (check one):

___ Room Exemption Only (Living off-campus with an on-campus meal plan)

___ Room and Board Exemption (Living and eating off campus)

For Office Use Only
of cr. Hrs. _____
CGPA: _____

*If you will be eating on-campus, please choose a meal plan (circle one): **Carte Blanche** **175 Block** **140 Block** **110 Block**

Parking

Will you need a parking sticker? _____ Yes _____ No

If Yes: Vehicle Color/Make/Model: _____ Plate#: _____ Registered owner _____

The above information is true and correct to the best of my knowledge. I understand that if it is not, I may be required to occupy and/or pay for campus housing and/or board charges. I also agree to notify the Office of the Registrar **IMMEDIATELY** if my address or other information changes from that stated above.

Signature of Applicant

Date