



Application to Commute from Parent(s) Home

George Fox University is a residential university that is committed to providing a Christ-centered community environment where students can be challenged and supported during their academic endeavors. George Fox University considers residence life to be an integral part of a students' education and overall university experience. The university has a three-year residency requirement for traditional undergraduate students.

Student Name _____ Student ID # _____

Campus Box # _____ Phone # _____ Date of Birth _____

Name of Parent(s) _____

Parent(s) Address _____

Parent(s) Phone # _____

PARENT STATEMENT

This is to state that the above named student is my son/daughter and he/she will be living with me for the duration of the school year. (Please initial all statements):

___ I acknowledge that my son/daughter will be living with me at the address listed above.

___ I have read and understand the George Fox University Lifestyle Agreement. I understand that my student is expected to abide by this agreement while living off-campus.

___ I understand that my son/daughter is to live with me at the stated residence for the entire academic year.

___ I understand that this application is only for the current academic year only, and that my son/daughter will need to reapply for commuter status each academic year.

___ I understand that if my son/daughter chooses not to live with me at any point during the academic year, he/she would be required to reside in on-campus housing.

___ I understand that for this application to be approved, my residence must be within 60 miles of GFU's Newberg Campus.

___ I understand that living at home may affect my son/daughter's financial aid. (Please contact Student Financial Services for any information regarding your bill and/or financial aid.)

STUDENT STATEMENT

This is to state that I will be living with my parents for the duration of the school year. (Please initial all statements):

___ I have read and understand the GFU's Lifestyle Agreement. I agree to abide by this Agreement while living off-campus.

___ I acknowledge that I will be living at the stated address with my parents.

___ I acknowledge that the information on this form is true and accurate and that falsification of any information may adversely affect my eligibility to live off-campus in the future and/or I may have to: pay for a semester of housing, pay a \$300 fine, be asked to move into campus housing, and/or other consequences deemed appropriate by the Housing Office.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Student Signature _____ Date _____

Please return this form to the Student Life Office - 414 N. Meridian St. Box 6148 - Newberg, OR 97132 - Fax 503.554.2339

For Office Use Only:

Approved Pending Denied: Reason _____ NP OFFC Initials _____ Date _____