

☐ Approved ☐ Pending ☐ Denied: Reason

APPLICATION TO COMMUTE FROM HOME

□NP □OFFC Initials

Date

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 student's education and overall university experience. The University has a two-year residency requirement for traditional undergraduate students.

If a student desires to commute from the home of their parent(s) or legal guardian they need to complete and submit the following by July 31st for Fall or December 5th for Spring Semester. Student Life will review the application and notify the student if approved.

Name	Student ID #
Phone #	Date of Birth
Name of Parent(s) or Legal Guardian	
Home Address	
Phone # for Parent(s) or Legal Guardian Text	
PARENT STATEMENT - This is to state that the above named student duration of the school year. (Please initial all statements):	is my son/daughter and he/she will be living with me for the
I acknowledge that my son/daughter will be living with me at th	e address listed above.
I have read and understand the George Fox University Lifestyle abide by this agreement while living off-campus.	Agreement. I understand that my student is expected to
I understand that my son/daughter is to live with me at the stat	ed residence for the entire academic year.
I understand that this application is only for the current academ for commuter status each academic year.	nic year only, and that my son/daughter will need to reapply
I understand that if my son/daughter chooses not to live with m required to reside in on-campus housing.	ne at any point during the academic year, he/she would be
I understand that for this application to be approved, my reside	nce must be within 60 miles of GFU's Newberg Campus.
I understand that living at home may affect my son/daughter's any information regarding your bill and/or financial aid.)	financial aid. (Please contact Student Financial Services for
STUDENT STATEMENT - This is to state that I will be living with my pastatements):	rents for the duration of the academic year. (Please initial all
I have read and understand the GFU's Lifestyle Agreement. I agr	ree 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 accommodate affect my eligibility to live off-campus in the future and/or I maked to move into campus housing, and/or other consequences.	ay have to: pay for a semester of housing, pay a \$300 fine, be
Parent/Guardian Signature	Date
Parent/Guardian Signature	Date
Student Signature	Date
- Please return this form to the Student Life Office - 414 N. Meridia	ın St. Box 6165 - Newberg, OR 97132 - Fax 503.554.2339 -
For Office Use Only	