

# Mount Marty College Off-Campus Intent Form

Fall 20\_\_\_\_  Spring 20\_\_\_\_

I, (print name) \_\_\_\_\_, (ID#) \_\_\_\_\_  
am planning to live off-campus during the 2006 Fall and/or 2007 Spring semester(s). I meet the qualifications for an automatic exemption to the Mount Marty Residency Requirement based upon the condition(s) listed below. **If** I have already reserved housing for the academic year, I am aware that I am subject to the contract breakage fee which will be placed against my account.

**Please mark all boxes that apply.**

- I have only part-time student status.
- I am married. (Please submit copy of certificate).  
Date of Marriage: \_\_\_\_\_ Name of spouse: \_\_\_\_\_

- I am 24 years of age or older.
- I am responsible for the care of a dependent.
- I am a Veteran. Branch of Service: \_\_\_\_\_
- I am currently at least twenty-one years of age. My birth date is: \_\_\_\_\_  
(You **must** be 21 **PRIOR** to the start of the academic year)

❖ **MMC Financial Aid will be reduced** and the entire package will be evaluated. **Please initial** \_\_\_\_\_

- I will live with my PARENT(S) OR GUARDIAN within a 30-mile radius.  
❖ **MMC Financial Aid will be reduced** and the entire package will be evaluated. **Please initial** \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

-At a later date, we will also be sending a form to your parent/legal guardian for their signature as verification that you are living at home.

- Contract breakage fees:** After contract is accepted and before August 1 --- **\$100.00**  
After August 1 and prior to move in --- **\$200.00**  
A student moving at semester, while still enrolled at the College --- **\$300.00**  
**Please initial** \_\_\_\_\_

- I am transferring to another university. \* [Which one?] \_\_\_\_\_ (No Penalty Fee)

BY SIGNING BELOW I REPRESENT THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF MY RESIDENCY STATUS WILL RESULT IN STANDARD HOUSING FEES BEING PLACED AGAINST MY ACCOUNT.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office for Student Affairs Use Only**

Date Received \_\_\_\_\_ Student Affairs Verification \_\_\_\_\_ Date sent to Financial Aid \_\_\_\_\_



Mount Marty College  
Off-Campus Living Waiver  
20\_\_\_ to 20 \_\_\_

I am voluntarily moving off campus. I know and understand the inherent risks of living off - campus such as legal/financial responsibilities, tenant/landlord issues, possible contributing to a minor, possession and distribution of alcohol/minor consumption issues. I assume full responsibility and hereby release Mount Marty College, its employees, agents and sponsors from liability for any and all injuries or damages which may occur as a result of such risks.

We urge you to take precautions in regard to your personal health and safety. Please be attentive to theft, fire safety and the safe keeping of your personal possessions.

I understand and agree to the above waiver:

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(Student Signature)

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(Date)

Student's Name (please print) \_\_\_\_\_

Off -Campus Address \_\_\_\_\_

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Phone or Cell number \_\_\_\_\_