

Application for Commuter Status & Parent/Legal Guardian Verification

Student Name:		ID#:	
For Academic year: 20	20		
Permanent Home Addres	SS:		
	City:	State:	Zip:
 above, and is the same The home is within the The student will remain requirement applies (the updated address change) If it should be determined 	ng with the parent/legal se address listed in the Farequired 60 mile radius in living in the home and brough the end of the 6th ge form should be filled ed that false information we not been satisfied, the	s from Illinois Wesleyan's campus. will not maintain any other residence th semester). Should the home addre out. n was provided and/or the student is	e as long as the on-campus residency
Student Statement:			
 I affirm I will be living at responsibility and agree Conduct. I understand I must reano longer accurate (e.g. I understand if I am four room and board for the My parent(s)/legal guar they provide below is a 	t home with my parent(se I would be providing far apply for off-campus or a change of address) are and to be living off-campus academic year. rdian(s) understand this ccurate.	commuter status whenever the infond/or for each academic year.	rmation stated on this application is pproval, I will be immediately charged ns to live at home. The information
Student Signature		Date	
will be commuting to ca address of the student above, they will automa reside in campus housi • If my address has chan	med above will be residi ampus. This is the same and myself. I understan atically be billed for the f ing. nged or is different than	e address provided on the FAFSA and if my student is found to be living	in a location different than listed entire academic year and required to the original application to the
Print Name		Relationship to	student
Signature			
Phone #	o Cell o	○ Home Email	