

**Return to:**  
 Residential Services  
 10 Upper College Drive  
 Alfred State  
 Alfred, New York 14802  
 Fax: 607-587-3286  
 Email: reslife@alfredstate.edu



**2017-18 CAMPUS HOUSING  
 WAIVER APPLICATION**  
*(Policy & Procedures on the reverse)*

**NOTE: You must submit a new waiver for any address change before moving to new address.**

Name: \_\_\_\_\_  
Last First M.I.

Current Campus Address: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Proposed Off-Campus Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Does your financial aid application reflect that you.....**  
*(Signature authorizes release of financial aid information for verification)*

**Enrollment Status:**  New Student  
 Continuing/Returning Student  
 Academic Readmit  
 Internship [ Internship verified by \_\_\_\_\_]

are married  
 have dependents for whom you provide direct care  
 live with parent, grandparent, or legal guardian  
 are an Honorably Discharged Veteran (submit DD214)  
 are 23 years of age or older  
 possess a baccalaureate degree  
 meet academic eligibility criteria as outlined in the policies governing waiver eligibility *(over)*

**State completely your reasons for requesting a housing waiver:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional pages or other documentation as appropriate.  Yes  No

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

**Notarized Parent/Grandparent/Guardian Signature & Statement** - *If parent signature is not witnessed by a college official, the Parent/Guardian signature must be witnessed by a Notary Public. I affirm that the above-named student will commute from my permanent home address to Alfred State and the student is living with me at that address.* If living with a grandparent, a supplemental form, available on-line or from Res Life, is required.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**College Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notary Statement** - State of \_\_\_\_\_ County of \_\_\_\_\_. On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known and known **to be the parent/guardian** of the same person described in or who executed the foregoing instrument, and he duly acknowledged to me that he executed the same.

Notary Signature: \_\_\_\_\_ **SEAL** Date: \_\_\_\_\_

**For Office Use Only:**

Criteria Verification:	Date/By
Credits ____ / GPA ____ <input type="checkbox"/> Academic	_____
Local Address Verified <input type="checkbox"/>	_____
Judicial Verified <input type="checkbox"/> Y <input type="checkbox"/> N	_____

Driving Miles from campus \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

<b>To be completed by designated admin.</b>	<b>Date/By</b>
<input type="checkbox"/> Approved	_____
<input type="checkbox"/> Denied	_____
<input type="checkbox"/> Notification Sent	_____
<b>Appeal Status</b>	_____
<input type="checkbox"/> Appeal Received	_____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____
<input type="checkbox"/> Appeal Notification Sent	_____

# SUNY ON-CAMPUS HOUSING REQUIREMENTS & CAMPUS WAIVER PROCEDURES

## SUNY BOARD OF TRUSTEES POLICY

*Every student in full-time attendance at a state-operated unit of the university, other than married students or students residing with a parent or parents, shall be required to live in a dormitory maintained and operated by such a unit or to have the permission under such provisions as may be made therefore by the Chief Administrative Officer of such unit to live off campus.*

## ALFRED STATE COLLEGE POLICIES & PROCEDURES

### I. WAIVERS

Any full-time student who wishes to live off campus must request a waiver of the Board of Trustees' Policy. This waiver form is available from the Office of Residential Life and on-line. All waiver requests will be considered in accordance with the SUNY policy and the Board of Trustees' intent to maximize the educational process. Certain conditions, if met, assure an individual of permission to live off campus. These specific exceptions are as follows:

**General Eligibility:** *Married students; students providing direct care for a legal dependent; students 23 years of age or older; students already possessing a baccalaureate degree (status verified), or a student residing with a parent, grandparent, or court-appointed legal guardian at that person's permanent home address who is commuting fewer than 60 miles one way (notarized statement and supplemental statement required).*

**Honorably Discharged Veterans of the US Armed Forces:** *DD-214 must be provided as documentation.*

**Academic Eligibility:** *In order to be eligible for off-campus status based on academic eligibility, students must have no active disciplinary status as of June 1, 2017 and (1) fourth-year students in baccalaureate programs must be in good academic standing with at least 90 credits and a minimum 3.0 cumulative grade point average OR (2) fifth-year students must be in good academic standing with at least 120 credits. If submitting under Academic Eligibility, please be advised that until final grades are posted a decision cannot be determined.*

**All other reasons** will be reviewed according to the *Reasons for Waiver* stated on the form, and will be considered according to uniformity and intent of the Board of Trustees' policy. Submission of false or intentionally misleading statements may result in waiver revocation, campus disciplinary sanctions, and other penalties. All waivers are granted for the academic year or the remaining portion thereof. Students must resubmit a waiver application each year (s)he is in attendance.

### II. DETERMINATION OF FULL-TIME STUDENT STATUS

1. A full-time student is an individual enrolled for 12 or more credit hours (including credit hours added after registration day).
2. Students initially registered in a part-time status who add sufficient courses to attain full-time status are subject to campus housing policies unless a waiver is approved.

### III. BEHAVIORAL EXPECTATIONS

1. By entering into an approved waiver status, the applicant agrees to the release to Alfred State College of any and all police records associated with the violation of local, State, or Federal laws while residing in our local communities. It should be noted that the College reserves the right to rescind this waiver in the event of serious infractions occurring at the student's place of residence.

### IV. WAIVER PROCEDURE

1. Waiver processing will begin March 1<sup>st</sup> or as soon as predictable thereafter for fall semester consideration. Waiver processing will begin Nov. 1<sup>st</sup> or as soon as predictable thereafter for spring semester consideration.
2. The *License for Residence* is a full academic year agreement and takes precedence over any waiver application. Interim requests for release are processed according to current campus policy.
3. At the time a housing waiver application is approved, any previous campus housing assignment is released.
4. If the reason for off-campus is not one of the three general exceptions noted, a detailed explanation of the reason(s) must be provided to the Coordinator of College Housing at the time of submission.
5. Review: The Coordinator of College Housing or his/her designee will review all requests and with the intent of the Policy of the Board of Trustees and the stated purpose of the College Policy render a decision. This decision will be given within five (5) business days, when possible. Missing documentation will delay processing.
6. Decisions based upon health or psychological grounds will be reviewed through Accommodative Housing. Any student that is requesting off-campus housing based on these grounds should provide corroborating documentation through either the Health Center or email documents to [accommodativehousing@alfredstate.edu](mailto:accommodativehousing@alfredstate.edu) for review.
7. A denied waiver may be appealed to the Sr. Director of Residential Services. The appeal must be in writing and address the reason(s) given for the denial of the initial request. The appeal must be sent within five (5) business days of receipt of the initial decision.
8. All appeals will be reviewed in accordance with the intent of the Policy of the Board of Trustees and the stated purpose of the College Policy. A written decision will be given within five (5) business days, when possible.

**There is no appeal of the Sr. Director of Residential Service's decision.**

PHONE: 1-800-4-ALFRED OR (607) 587-4326 • FAX: (607) 587-3286 — E-MAIL: [RESLIFE@ALFREDSTATE.EDU](mailto:RESLIFE@ALFREDSTATE.EDU)  
MANY FORMS AND PUBLICATIONS ARE AVAILABLE IN THE STUDENT LIFE SECTION AT [HTTP://WWW.ALFREDSTATE.EDU](http://WWW.ALFREDSTATE.EDU).