

Off-Campus Housing Information

The Office of Residential Life welcomes your application to live off-campus. Please be aware, however, that there is a limit to the number of students who can live off-campus each year. The following list indicates the type of student who would be a priority in the process of determining a student's need to live off-campus:

Students with dependents
Married students
Older students (24+ years of age)
Financial hardship/personal issues
Seniors
Juniors

First-year students and sophomores are not allowed to live off-campus. Exceptions may be made on a case-by-case basis, but only on the following grounds:

Students with dependents
Married student status
Older student status (24+ years of age)
Financial hardship
Exceptional personal circumstances.

Students requesting permission for off-campus housing must submit their request in writing by the following dates:

November 1st for the upcoming spring semester

March 1st for the upcoming academic year

Failure to meet these deadlines may result in the denial of off-campus status.

Please fill out the application COMPLETELY and return it to the Residential Life Office, 105 Converse, by the appropriate deadline (fax: 413-542-8488, address: AC #2206, Amherst College, Amherst, MA 01002). You will be contacted by e-mail as to whether your request has been granted.

Off-Campus Housing Application

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Name _____ Class _____ E-mail _____

I wish to live off-campus: Entire year _____ - _____
(check one and fill in year) Fall semester _____
 Spring semester _____

1. Why do you want to move off-campus? (Please use back of form if more space is needed)

2. List current Amherst College students you intend to live off campus with (*if applicable*):

3. Since space is limited, if the other students are not granted off-campus status, do you still want to live off campus? Yes / No

4. If you are granted permission to live off-campus, would you like to be on the Amherst College meal plan? Yes If yes, what type? _____ / No

5. If you know your off-campus address, please indicate it here: _____

SIGNATURE _____ DATE _____

Office Use Only

Permission: GRANTED/DENIED Reason for denial:

_____ Remove room & meal plan charges

_____ Remove room charges / Retain meal plan (type: _____)

Residential Life Office Signature

Date

Date student notified:

Date Comptroller's/Dining notified: