



Student Information (please print clearly)

Last Name: _____ First Name: _____ Middle: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____ Date of Birth: _____

Current Residence Hall if applicable: ☐ Durham ☐ BW ☐ Regis Current Room #: _____

Home/Forwarding Address:

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Ashford University's residence requirement is that all full-time students must live within University housing, unless, at the time of application the student: is married; has junior class status; is 20 years of age or older; has dependent children; is living with his or her parent(s) or court appointed legal guardian within 40 miles of Clinton, IA; or has applied for and received permission from the Associate Director of Student Affairs to live off campus. NOTE: Students must be aware that any change in residential status may affect his/her Financial Aid package.

To request to live off campus, the student must do the following:

1. Complete and submit the Off Campus Housing Request form.
2. If requesting to live off campus with parents, the parental section of this form must be completed.
3. New students must complete this process by August 1, preceding the academic year.
4. Returning students must complete the process by July 1, preceding the academic year. Requests that are approved but received after July 1 will be assessed a \$100 late fee.

Reason Requesting Off Campus Housing: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I am married and living with my spouse. | <input type="checkbox"/> I am at junior status. |
| <input type="checkbox"/> I am 20 years of age or will be prior to the first day of class. | <input type="checkbox"/> I am living and commuting from the permanent residence of my parents or court appointed legal guardian. |
| <input type="checkbox"/> I have dependent children living with me. | <input type="checkbox"/> Other: Please attach documentation. |

Parent Confirmation – to be completed if student is under age 20 and plans to live at home.

I, parent or legal guardian of _____, am aware of the residence requirement at Ashford University, as stated above. I verify that my son/daughter will be residing at my permanent residence while he/she is attending Ashford University. I confirm with my signature the above and that our residency within 40 mile radius was established before my son/daughter entered Ashford University.

Parent(s) or Legal Guardian Signature: _____ Date: _____

Acknowledgement

I assert the above information is true.

Student Signature: _____ Date: _____

Outcome

☐ Approved ☐ Denied

Date: _____

Lettie Posey, Associate Director of Student Affairs