



<b>Office Use Only:</b>		
Commuter Status:	Yes	No
Parent Letter Received:	Yes	No
Date Effective:	_____	

### Office of Residence Life Request for Commuter Status Application

To qualify for commuter status, a student must be residing full-time at the primary home of a parents, guardians or a spouse and living within 35 miles driving distance of campus. All requests for the current semester must be submitted within two-weeks after the start of the semester in order to be considered. Please see the student handbook if you have questions.

### Personal Information

Last Name	First Name	Middle Initial

	Month _____	Day _____	Year _____	
Fairfield ID#	Date of Birth	Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female

Home Mailing Address	City	State	Zip

(____) _____	(____) _____	_____@student.fairfield.edu
Home Phone Number	Cell Phone Number	Email Address

Campus Residence Hall	Room Number

**Students who wish to change to commuting status must demonstrate substantial or extraordinary need. Please explain your need below:**

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*You are responsible to coordinate any changes that may affect your financial aid package.*

### Parental Notification

Your parents must confirm that you will be living with them by completing the Parent Statement Form. The completed form must be submitted with this form to [residencelife@fairfield.edu](mailto:residencelife@fairfield.edu).

### Meeting

When this form is received by the Office of Residence Life, you will be contacted to make an appointment with Charles Sousa, Associate Director of Residence Life, to discuss your reasons for seeking commuter status. If you are approved for commuter status, you are not guaranteed on-campus housing in the future.

Please submit the completed application to [residencelife@fairfield.edu](mailto:residencelife@fairfield.edu). You are also able to submit it in person to the Office of Residence Life, BCC 96.

*Please note that completing this form does not guarantee your request to change your status will be granted.*



Office Use Only:

Commuter Status: Yes No

Parent Letter Received: Yes No

Date Effective: \_\_\_\_\_

Office of Residence Life  
Parent/Legal Guardian Form

In order for your student to qualify for commuter status, they must be residing with you, his/her parent or legal guardian, full-time and living within 35 miles driving distance of campus. All requests for the current semester must be submitted within two-weeks after the start of the semester in order to be considered.

Parent Information

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Last Name | First Name | Middle Initial

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Student Last Name | Student First Name | Student ID#

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Permanent Address | City | State | Zip

(\_\_\_\_) \_\_\_\_\_ | (\_\_\_\_) \_\_\_\_\_ | \_\_\_\_\_ @ \_\_\_\_\_  
Home Phone Number | Cell Phone Number | Email Address

Which Semester is your student applying for Commuter Status: Fall/Spring Semester of 20\_\_\_\_

A commuting student must live at the primary home of parents, guardians, or a spouse, within approximately a 35-Mile driving radius from campus. Students who wish to change to commuting status must demonstrate substantial or extraordinary need. Please refer to the student handbook for a full description of residency found here: <http://www.fairfield.edu/documents/student/sl/index.html>

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Signature | Printed Name | Date

*By signing this document you are affirming that your student will be living with you full-time at your primary residence.*

Please submit the completed application to [residencelife@fairfield.edu](mailto:residencelife@fairfield.edu). You are also able to submit it in person to the Office of Residence Life, BCC 96.

*Please note that completing this form does not guarantee that a student's request to change residency status will be granted.*