

COMMUTER APPLICATION

Semester _____ Yr. 20 _____

**** PLEASE READ THE FOLLOWING GUIDELINES BEFORE COMPLETING THIS APPLICATION ****

Full-Time students MUST meet one of the following criteria to be eligible for commuter status:

<p>A. <u>The student must be:</u> Married A Veteran Or 23 years of age or older</p>	<p>B. The student must be living with a member of his/her immediate family within a 40 mile radius of the University.</p>	<p>C. <u>The student must have:</u> A Junior or Senior rank (60+ credits) A GPA of 2.75 or greater A good campus behavior record</p>
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You MUST meet with Financial Aid to check the status of your Financial Aid Eligibility:

*** Your residential status may affect the amount of financial aid you receive for the academic year. Students who change from a resident to a commuter may have their university administered funds adjusted if they elect to live off campus. Students must meet with the Office of Financial Aid to discuss these changes.***

Student Information

Name:		Permanent Address			
ID:		Street:			
Date of Birth:	Age:	Town:			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/ Divorced		State:	Zip Code:	
Class Status:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		Home Phone #:		
Student Status:	<input type="checkbox"/> New <input type="checkbox"/> Returning (current student)		Alternate Contact #:		

Commuter Status Applying For & Eligibility Requirements:

Please Select One of the Following

<input type="checkbox"/> A. Married, Veteran, or 23 yrs of age or older		<input type="checkbox"/> B. Living with immediate family within 40 mile radius	
<input type="checkbox"/> C. Junior /Senior, GPA 2.75 ⁺ , clean campus behavior record (COMPLETE THE REQUIRED INFORMATION BELOW)			
Current GPA:		Total Credits RCVD:	
Registrar Staff Signature: _____		Disciplinary Record: _____	
Student Affairs Staff Signature: _____			

Financial Aid Requirements:

The student has met with the Office of Financial Aid and discussed the adjustments to the awarded aid for the academic year he/she has applied to commute. The student has been informed of the effect commuter status will have on his/her financial aid eligibility.

Financial Aid Staff Signature: _____

Athletic Grant in Aid (AGIA):

Student Athletes that receive Athletic Grant in Aid funds are required to live on campus. These funds are also not permitted to pay for private rooms. Athletic Administration (not coach) signature indicates that student does not fall under the AGIA requirement to live on campus.

Are you a student athlete? ___ Yes ___ No **If yes, Athletic Administration Signature:** _____

PHOTO RELEASE

Photographs or recordings may be taken by the university or its designees in public areas of the Chowan University campus and regional centers and at university events. The university may use such photographs or recordings to document, promote, or provide information about the university and its programs without prior consent by individuals depicted or recorded in them. Public areas include but are not limited to outdoor areas, classrooms, laboratories, library, athletic facilities, residence hall common areas, dining and gathering facilities, meeting rooms, and performance spaces. A student has the right to refuse to permit the release of any or all directory information, and/or the use of her/his image or voice (if clearly identifiable in photograph or recording), without the student's prior written consent. Any refusal must be received in writing by the registrar prior to the end of the second week of the academic year, and designate the information not to be released. (Initial Here)

Commuter Residential Information and Application Agreement:

The student applying for Commuter status MUST meet one of the criteria described at the top this form, have met with the Financial Aid department, and have been approved by the Director of Residence Life. *****By signing this form you agree with the terms mentioned above.**

Please provide the address and two contact numbers for the location/residence you will be commuting from.

Street:		Email:	
Town:		Current Vehicle & License #:	
State:	Zip Code:	Chowan Vehicle Registration #:	
Contact #:		I understand that, all motor vehicles operated by Chowan University Students Must be Registered by the Department of Public Safety. (Initial Here) <input type="checkbox"/>	
Alternate Contact #:			

Student's Signature (If under 18 Parent/Guardian's signature) _____

APPROVED: Yes No Staff Signature: _____ Date ____/____/____

Authorization to Release Information (FERPA RELEASE)

Students Name (Print Name)

First _____ Middle _____ Last _____

In accordance with the Family Educational and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize Chowan University to Release the following information from my educational record:

1. Student Conduct Information
2. Grades
3. Academic Standing

If you wish for information to be released, please list those name(s) below.

Name: _____
Address: _____ _____
Relationship to Student: _____

Name: _____
Address: _____ _____
Relationship to Student: _____

Name: _____
Address: _____ _____
Relationship to Student: _____

Name: _____
Address: _____ _____
Relationship to Student: _____

I understand that (1) I have the right not to consent to the release of my educational records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until I revoke by me in writing, and delivered to the Department of Student Affairs at Chowan University.

Signed this _____ day of _____, 201____.

Date

Month

Year

Signature of Student

Emergency Contact Information:

Student Contact Information:

Name: _____ Mobile Number: _____ Provider: _____
First Last MI Verizon, Sprint, etc

Permanent Address: _____

Father/Guardian Information

Name: _____ Preferred Phone Number: _____
First Last MI

Home Phone Number: _____ Work Phone Number: _____

Mother/Guardian Information

Name: _____ Preferred Phone Number: _____
First Last MI

Home Phone Number: _____ Work Phone Number: _____