APPEAL FOR OFF CAMPUS RELEASE

SUBMISSION OF THIS FORM TO ROANOKE COLLEGE DOES NOT GUARANTEE OFF CAMPUS RELEASE
STUDENTS ARE REQUIRED TO PARTICIPATE IN HOUSING SELECTION UNLESS APPROVAL IS GRANTED

PLEASE PRINT OR TYPE

Student Name: ____________________________________________________________

Student ID: ___________________ Local phone: _________________ Hall/Room: ________________________

Permanent Address: _______________________________________________________

New freshman: _____ New transfer: _____ Returning student: _____ Number of units earned: ____

Beginning term: Fall ______ Spring ______ 20_______

1. Appeals for off campus release will be heard by the Committee for Off Campus Appeals on a specified date during the fall and spring semesters. Written appeals should accompany this form and should be submitted to the Committee for Off Campus Appeals, c/o Residence Life, 105 N. Colorado Street, Salem, VA 24153 and should include the following:
   • compelling reasons for the need to reside off campus;
   • demonstrations of how living on campus presents a hardship for you;
   • demonstrations of how living off campus will benefit you more so than living on campus;

2. Only written (printed or typed) materials will be reviewed by the Committee. Individual appearances before the Committee are not permitted

3. Appeals or forms with incomplete or unclear responses, including relevant signatures, will not be considered and will be returned to you

4. Late appeals will not be considered and will be returned to you

5. This form is to be used for appeals based on non-medical reasons only:
   • If your appeal is for medical or psychological reasons (including learning disabilities), you must submit both completed Request for Special Housing Accommodations Cover and Request for Special Housing Accommodations for Medical or Psychological Reasons forms
   • If your appeal is for respiratory reasons you must submit both Request for Special Housing Accommodations Cover and Request for Special Housing Accommodations for Respiratory Reasons forms

By submitting your appeal you agree that any information provided in conjunction with this request may be reviewed as necessary by appropriate College personnel.

Student Signature: _____________________________ Date: ________________

For further information, please contact the Residence Life staff at 540-375-2308 or reslife@roanoke.edu.