

Commuter Status Agreement 2019-20

Date _____

Commuter States Agreement 2013 20			
For the	approved commuter student:		
Name (please print):	ID Number:	
I accep	t permission to commute and her	eby agree to the following:	
1. 2. 3. 4. 5. 6.	 Residence Life & Housing. The University does not accept responsibility for my choice of residence stated in this Agreement. The University expects all students, whether living on or off campus, to conduct themselves in ways, which are consistent with University policy and the Heidelberg University Student Code. Violations of the Code on or off campus, may result in the University revoking my right to commute immediately. If this occurs, I acknowledge that I will be expected to move in campus residential facilities as directed by the Office of Campus Life. In choosing to commute, I understand that I also subject myself directly to the standards of conduct expected by the community and the expectations of my parent/guardian and the civil authorities. Multiple complaints by neighbors of my off campus residence, citations by any local law enforcement agency to me or my guest(s), or reports of large, illegal partie at my off campus residence may also result in immediate revocation of my right to commute. I recognize that it is important for the University to have on file in the Dean of Student Affairs Office a current housing address for me. I, therefore, agree to notify the Office of Residence Life & Housing of any changes in my off campus address by completing and returning a new agreement. I understand that financial aid is based on campus costs, and the lower unit fee may require a downward adjustment in financial aid allocations. 		
by mut extraor or for v signatu	ual agreement between the Univerdinary number of vacancies occur violation of any of the above terms	t for the entire academic year. It may be reviewed and terminated, however, at any time rsity and me. The appropriate University officials may terminate this agreement if an in campus housing, or if it appears to be in the best interest of those involved to terminate. All information must be completed (including Primary address, phone number and m and board charges will be reduced. By signing, I also acknowledge that I have received a leighbor Policy.	
Signatu	re of Student	Date	
Permar	nent Address	Cell Phone	
	e Parent/Guardian: estand and agree that my student v	vill be residing in my primary residence with me and will commute to Heidelberg University	
Name (please print):		Signature:	
Parent,	/Guardian Address		
Parent,	/Guardian Phone	Parent/Guardian Email	