APPLICATION FOR EXCEPTION TO THE CAMPUS HOUSING AND MEAL PLAN POLICY

All full-time Carroll College students who are under the age of 21 are required to reside on-campus for two years. First-year students, regardless of Carroll College’s receipt of their Housing Agreement & Roommate Survey, will be assigned to a residence hall room and meal plan for the year and billed accordingly. Students seeking an exception to this requirement must submit an application as well as an email to the Director of Residential Life & Housing detailing the request.

The Campus Housing Exception Committee will consider requests from students to release them from the on-campus living requirement for the following groups of students:

- Students that are over the age of 21
- Married students and/or students with dependent children living with them
- Students for whom living on campus represents an extreme financial hardship, evidenced from the student’s Free Application for Federal Student Aid (FAFSA) report
- Students with medical conditions that Carroll College is not able to accommodate evidenced by the medical case file and a letter from a physician, and affirmed by the Accessibility Services Coordinator
- Students from Helena, MT, residing with their parent(s) or legal guardian(s) within a 20 mile driving radius determined by zip code, who graduated from a Helena High School.

In order to appeal the housing requirement, students must submit this form with supporting documentation (examples include, but are not limited to: FAFSA or additional financial data, marriage certificate, birth certificate, medical documentation, etc.). In addition, all requests must be accompanied by a letter to the Director of Residential Life & Housing emailed to studentlife@carroll.edu from the student explaining the reasons for the request. Appeals are reviewed on an individual basis by the Campus Housing Exception Committee, who will determine if the substantiates a claim of severe hardship and will approve or deny appeals at their discretion.

Application for Exception forms are due by August 2 for the following academic year. Results of the Campus Housing Exception Request will be emailed to the requesting student. Meal plans are cancelled if the housing exception is granted. Decisions made by the Exceptions Committee are final.

Please contact Residential Life & Housing at (406) 447-5457 with questions. Please print using ink or type the following information.

STUDENT INFORMATION

Name: ___________________________   Gender: ___________________________

Carroll Student ID: ___________________________   Date of Birth: / /   Today’s Date: / /

I will be: □ first year □ second year □ third year □ fourth year □ fifth year □ New Transfer student at Carroll.

Email Address: ___________________________   Cell Phone: ___________________________

Current Address / Residence Hall & Room Number: ________________________________________

I am applying for an exception to the (check all that apply): □ on-campus residency requirement   □ campus meal plan requirement

due to:

□ Financial Hardship: I am appealing due to extreme financial hardship and have released my financial information on the second page. I will submit a letter for the committee to consider.

□ Medical Condition: I am appealing due to a medical condition that cannot be accommodated by the residence halls and/or meal plan. I will submit a letter and medical documentation for the committee to consider.

□ Helena-area Resident (within 20 miles): I am appealing the residency requirement and will be residing with a parent, legal guardian, or family member for the entire 2020-2021 academic year. I understand I must purchase a commuter meal plan. I graduated from ____________ High School in 20__.

□ Other (please specify): ______________________________________

Please complete both sides of this form.

FAC20HO
The information provided on this form and any accompanying documents is true and accurate to the best of my knowledge. False information provided by or on behalf of the student involved may result in disciplinary action for the student.

Student Signature: ______________________ Date: ______________________

If you are applying for an exception based on financial hardship, please complete the following:

Carroll College’s commitment as a residential college is affirmed by its policy of awarding financial aid that is intended to assist with direct cost for tuition, fees, college-owned housing, and board. If you have a Community Living Grant, an Athletic Living Grant or a Dean’s Community Award and are granted permission to live off-campus, you will no longer be eligible to receive the award and it will be cancelled from your financial aid award. If you are a new student beginning fall of 2020, receiving a merit scholarship and are granted permission to live off-campus, $4,000 of the merit scholarship will be cancelled. Exceptions may be granted for students listed on the official waiting list compiled during the initial housing sign-up dates; students must be willing to accept any room on campus. If you are living with a parent or legal guardian your cost of attendance will be adjusted based upon lower room and board allowance estimates. This may cause adjustment to your financial aid award letter.

The purpose of this portion of the form is to implement the Family Educational Rights and Privacy Act (FERPA) at Carroll College while continuing to assist students in appealing their housing contract or meal plan. This form is to provide the student a means for authorizing the Financial Aid Office to provide personal identifiable information from the student’s financial aid records to the Office of Residential Life & Housing.

I, ______________________

Carroll ID: ______________________

PRINTED NAME

authorize the Financial Aid Office to talk with the Office of Residential Life & Housing about my financial aid. This authorization specifically includes all financial aid received at Carroll College and the Federal FAFSA results.

Please indicated the semester(s) you are appealing: □ Fall □ Spring

Please indicate the exemption(s) you are requesting: □ Housing □ Meal Plan

If requesting a housing exemption, will you be living with a parent or legal guardian? □ Yes □ No

I have provided an appeal letter to the Director of Residential Life & Housing: □ Yes □ No, but will by ___________

Student Signature: ______________________ Date: ______________________

FINANCIAL AID & BUSINESS OFFICE USE ONLY:

2020-2021 FAFSA Filed? □ Yes □ No 19-20 EFC: ____________ 20-21 EFC: ____________

Number in Family: ____________ Number in College: ____________ Total Loan Debt: $ ____________

Comments: __________________________________________________________________________________________

Loss of Financial Aid: □ Yes □ No If yes, amount: $ ____________

Completed by: ______________________ Date: ______________________

Estimated Date of Change: ____________ Current Room Assignment ____________ Current Meal Plan Assignment ____________

Requested Room Assignment ____________ Requested Meal Plan Assignment ____________

<table>
<thead>
<tr>
<th>Room</th>
<th>Meal Plan</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Prorated Charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Originally Billed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated Due From / (Due To) Student</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Meal Plan Revenue

<table>
<thead>
<tr>
<th>Original (for semester)</th>
<th>Current Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated (for prorated period)</td>
<td>Next Tier Count</td>
</tr>
<tr>
<td>Gain/(Loss) of Revenue</td>
<td></td>
</tr>
</tbody>
</table>

If Current Meal Plan is a Tier-related Plan:

Approximate Increase in Amount Paid to Sodexo per Week at Next Tier:

Comments: __________________________________________________________________________________________

Prepared by: ______________________ Date: ______________________