

PRESENTATION COLLEGE HOUSING and MEAL PLAN
WAIVER PROCESS
2017 – 2018 Academic Year

Presentation College Housing Requirement

All new students attending Presentation College, Aberdeen campus and enrolled in at least 9 credits are required to live in College housing and purchase a meal plan for their first two academic years. Students that are 21 years of age by the first day of classes of their enrolled semester are exempt from the Housing requirement.

Rationale

This residency requirement serves important educational and developmental purposes. Students prosper in stable living environments that are close to academic resources and organized student activities that promote social interaction and exposure to new and diverse life experiences. On-campus housing provides unparalleled opportunities for multi-dimensional student development and is a key component of the college's broad educational program.

The contracts you sign for housing and meal plans are strictly enforced. However, Presentation College recognizes that some off-campus living circumstances may closely replicate the advantages of on-campus housing and students may also have living or dining requirements that the College cannot accommodate on campus. The following waivers will be considered.

Waiver Categories

After proper documentation and college inquiry, students may qualify for a waiver to the housing and meal plan policies:

1. **Married Waiver:** Students requesting a release because they are married must meet the following criteria:
 - A copy of a valid marriage certificate must be submitted to the Housing Office before a release can be approved or housing charges cancelled.
 - The release date will not be earlier than the date of marriage
2. **Legal Dependent Waiver:** A copy of the dependent's birth certificate must be provided to the Housing Office before a release will be granted.
3. **Commuter Waiver:** A commuter waiver may be granted to students desiring to live at the permanent residence of a parent or legal guardian within thirty (30) miles of campus. **Parent's notarized signature for this waiver is required.** A meal plan may still be required. ***Original copy must be submitted with your application.***
4. **Financial Hardship Waiver:** Applicants requesting release based on verifiable extenuating financial circumstances are required to complete the **Financial Need Verification Form**. ***Releases are not based upon the assertion that living off campus may be cheaper.*** A release will be considered when the applicant has a significant verified need for financial aid as defined by the personnel of the PC Financial Aid Office and that need cannot be fully met by financial aid.

5. **Physical Health Waiver:** Applicants requesting a release based on this criterion must provide information from their **attending physician** stating the specific verifiable condition for which it is medically necessary for the student to be released and why off-campus housing or a release from the meal plan would provide better living or dining conditions in regard to this medical condition.

Applicants are required to fill out the **Medical Need Verification Form**. The form must be completed in detail and signed by the **attending physician**. Paperwork must be complete before a decision is considered.

6. **Mental Health Waiver:** Applicants requesting a release based on mental health or emotional needs must provide a **specific** psychological recommendation evaluating the student's specific needs or problems from a licensed mental health care provider.
7. **Other:** Any other special circumstances in which you feel an exemption from the housing or meal plan contract are necessary.

It is important to understand that unless you receive **written notice** from the Housing Office that you have been released from the housing or meal plan requirement **you will be expected to occupy your assigned room and/or pay for your meal plan.**

Waiver and Appeal Process

Once your form has been turned in, the Housing Office will verify you have filled out all of the necessary information required. Upon receiving your request, the Waiver Committee will meet to decide whether your waiver will be granted or denied. You will receive a letter via email with the committee's decision.

If your waiver is denied you have the right to appeal the decision in writing. Appeals for decisions made by the Waiver Committee should be sent via email to housing@presentation.edu where it will be reviewed by Vice President of Student Affairs. All decisions regarding appeals made by the Vice President of Student Affairs are final.

Deadlines

All waivers must be received by the **DROP DATE** of the semester applying. Late submissions will not be reviewed by the Committee. Please refer to the Academic Calendar for specific dates.

Housing Office – Presentation College
1500 North Main Street – Aberdeen, SD 57401
605.229.8366 – housing@presentation.edu

Request for Release from Presentation College
Housing and Meal Plan Requirement

I am requesting a (check one only): Housing Waiver Meal Plan Waiver Both

Name: _____
Last First Middle

Current Address: _____
(Address) (City, State) (Zip)

Cell Phone: _____ Email: _____

Student ID (Required): _____ Date of Birth: _____ Age: _____ Gender: _____

Current College Status: _____ High School Grad. Date: _____
(Fr., Soph., Jr., Sr.)

Release Requested for: _____ School Year: _____
(Fall, Spring or Both) (Approved for only ONE Academic Year at a time)

Parent(s)/Legal Guardian Name: _____

Address & Phone: _____
(Address) (City, State) (Zip) (Phone)

Please indicate below the reason you are requesting a release. Please read the housing and meal plan waiver and appeal process included with this form.

(Please check one of the following)

Married: (copy of Marriage certificate, required)

Date of Marriage: _____

Have a Legal Dependent: (copy of birth certificate, required)

Commuter: (notarized parents signature and original copy of waiver, required)

The address I intend to commute from is: _____

Where I intend to eat: _____

Financial Hardship: (complete Financial Need Verification Form, required)

Physical Health: (complete Medical Condition Verification Form, required)

Mental Health: (complete Medical Condition Verification Form, required)

Other: (Please explain or attach additional letter) _____

I acknowledge by my signature that I have read the preceding Housing & Meal Plan Waiver and Appeal Process. I further acknowledge that the information I have provided is accurate for the semester/academic year for which I am requesting this release. I understand that this release is not approved until I receive a written release from the Housing Office. I acknowledge that semester room charges will be applied if I have not been approved for a release from the Presentation College Housing & Meal Plan Requirement. **Parent/Legal Guardian Signature must be signed in the presence of a Notary for a commuter waiver requesting to live at home with their parents. I further acknowledge that charges will also be applied if I make a false claim to be living at home with parent or legal guardian and it is later determined that I am not living at the stated location.** I am also aware that it is a violation of the Code of Student Conduct to present false or misleading information and will be subject to consequences as defined in the Code of Student Conduct.

***** (ELECTRONIC SIGNATURES WILL BE CONSIDERED INVALID) *****

Student's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Notary Seal Notary's Signature Date

Please return this completed form to: Housing Office
1500 North Main Street
Aberdeen, SD 57401

Housing Office – Presentation College
1500 North Main Street – Aberdeen, SD 57401
605.229.8366 – housing@presentation.edu

Financial Need Verification Form

Student Name: _____ Student ID #: _____

To the Release Applicant: As noted in the Housing & Meal Plan Waiver and Appeal Process, releases based on financial need are considered only:
When you have verified need for financial aid as indicated by the Financial Aid Office records and are not eligible for financial aid to a level consistent with your need.

Please complete the following section. Attach additional information as necessary.

If you are experiencing extenuating financial circumstances, please describe your situation: _____

Do you expect to be employed during the school year?

If yes, how many hours do you typically plan to work per week? _____

If no, please explain your reasons for not working during the school year: _____

FOR OFFICE USE ONLY		Semester(s) _____ <small>(Fall/Spring/Both) (Year)</small>	
Budget minus Family Contribution: _____			
Financial Aid	Less _____		
	Equals _____	_____ Unmet	_____ Excess Aid
Comments: _____			
_____ <small>(Financial Aid Officer Signature)</small>		_____ <small>(Date)</small>	

**Housing Office – Presentation College
1500 North Main Street – Aberdeen, SD 57401
605.229.8366 – housing@presentation.edu**

Medical Condition Verification Form

Student Name: _____ Student ID #: _____

Student Address: _____
Street Address/PO Box/Suite and Room City, State Zip

I give Dr. _____ of the _____
Medical Clinic/Center permission to release to Presentation College any and all relevant medical information needed for the medical release for which I am applying.

Student Signature: _____ Date: _____

**THE FOLLOWING SECTION IS TO BE COMPLETED BY A DOCTOR/HEALTH CARE
PROVIDER. ATTACH ADDITIONAL INFORMATION AS NECESSARY.**

Describe the specific medical condition for which this release is being requested. _____

What specific issues pose an imminent risk making it *medically necessary* for this student to consider options other than campus housing or the meal plan?

Presentation College strives to make reasonable accommodations for students with disabilities and health issues. What accommodations might the college make in order for this student to be able to live in campus housing or carry a meal plan?

- | | | |
|---|---|---|
| <input type="checkbox"/> Room on first floor | <input type="checkbox"/> Close to restrooms | <input type="checkbox"/> Mattress (Bring Own) |
| <input type="checkbox"/> Wheelchair accessibility | <input type="checkbox"/> Private Room | <input type="checkbox"/> Other (Please Explain Below) |
- _____

What specific medication or equipment is required which would affect placement, room designation, or meal accommodations? _____

If the college cannot accommodate this student on campus, what kind of off-campus housing would you recommend that would help alleviate or accommodate this medical condition? _____

Other Comments: _____

I understand that medical releases are based on significant or unforeseen medical conditions. The information I have submitted is accurate and should be taken into consideration when reviewing this student's record. I further understand that this information may be presented to Presentation College Student Services.

Attending Physician's Signature: _____ Date: _____

Attending Physician's Printed Name: _____ Phone: _____

Clinic/Hospital: _____