UNIVERSITY OF PITTSBURGH AT TITUSVILLE
COMMUTER VERIFICATION FORM

SEMESTER ____________________________

ALL COMMUTER STUDENTS MUST COMPLETE AND RETURN THIS FORM.

Name: ___________________________________________ Date of Birth: ____________________________

Home Address: ___________________________________________________________________________

_______________________________________________________________________________________

Home Phone: (____) ___________________________ Cell Phone: (____) ____________________________

_____ NO. I do not plan to reside on campus. If NO, explain reason in the space provided below. Students must be 21 years of age or older to reside off campus unless you are living with a parent or relative. For your home address, please list the address you will be living at while you are attending the University.

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

SIGNATURE ___________________________________________ DATE ____________________________

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THIS SECTION: OFFICE USE ONLY

Request for Exemption from On-Campus Housing: Approved ________

                         Denied ________

_________________________________________________________ DATE

DIRECTOR OF STUDENT LIFE