

## Commuter Status Application 2011-2012

|  | Last   |  | First  | Middle               | <br>Maiden               |
|--|--|--|--|----------------------|--------------------------|
|  | Last   |  | 1 1130   | Wildale              | Malacii                  |
| manent Address_  | Number and Stre                                    | eet  | City   | State                | Zip                      |
| me Phone   |  | Cell Phone   |  | Email                |                          |
| Area Code  | <b>9</b>   | Area   | Code   |                      |                          |
| I am requestino  | g Commuter Stud                                    | ent Status to begin:                                 | : □ Fall Semester □  | lWinter Semester □   | Exact Date if Mid-Semest |
|  |  |  | er Student Status, I m<br>60 miles of SMWC or:                             |                      |                          |
| □I am over the   | e age of 24 □I                                     | am an Independent                                    | student as defined by  | financial aid regula | tions.                   |
| campus-based   | I program, or thos                                 | e enrolled primarily                                 | aid regulations, part-t<br>in the distance learni<br>4 are requested to se | ng (WED) format are  | not bound by the         |
| If you do not m reverse side of  |  | teria and wish to ha                                 | ve your resident statu   | s waived, please giv | e an explanation on      |
| lam a: □N  | New Freshmen                                       | □New Transfer  | □Returning SMW   | C Student            |                          |
| (Check one an  | nd indicate the nar                                |  | with whom you will be  |                      |                          |
| □Parents   | ☐Mother Only                                       | □Father Only   | □Legal Guardia   | n □Spouse            | □Living Alone            |
| Full Legal Name  | <del>)</del>                                       |  |  |                      |                          |
| 3  | Last   |  | First  | Middle               | Maiden                   |
|  |  |  |  |                      |                          |
| Permanent Addr   |  | 100  | 0''  |                      | 0                        |
| Permanent Addr<br>If different than above  |  | ber and Street                                       | City   |                      | State Zip                |
|  |  | ber and Street  Cell Phone                           | City   | <u>Email</u>         | State Zip                |
| If different than above  Home Phone Area  Area  ttest that the interest that the int | e Num  |  | Code   | Email                | State Zip                |
| If different than above  Home Phone Area  Area  ttest that the interest that the int | e Num  | Cell Phone_<br>Area                                  | Code ation is accurate.  | Email                | State Zip                |
| Home Phone Are:  ttest that the interest dent Signature  | e Num  | Cell Phone Area                                      | Code ation is accurate.  Date  |                      |                          |
| Home Phone Area  Area  Attest that the integration of the state of the | e Num  | Cell Phone Area                                      | Code ation is accurate.  |                      |                          |
| Home Phone Are:  Are:  Attest that the interest dent Signature  Return to:   | e Num  a Code  formation conta  Office of Stude y: | Cell PhoneArea ined in this applica int Development, | Code  ation is accurate.  Date  125 Le Fer Hall, Sa                        | aint Mary-of-the-    |                          |