LORAS COLLEGE

Health Center

1450 Alta Vista St. | Dubuque, IA 52001 | Phone: (563) 588-7142 | Fax: (563) 588-7659

Application to Live Off Campus

Residence Requirement **-** Studies have shown that residence hall living has positive effects on the attainment of a bachelor's degree, satisfaction with faculty, and the willingness to re-enroll at the same college because of positive experiences. Students who live on campus also often join social organizations and participate in student government opportunities. In addition, students who live on campus are more likely to have higher GPAs than those who do not live on campus. Because most research supports that living on campus truly enhances the student experience, Loras College identifies itself as a residential campus – a campus that takes great care in providing intentional experiences outside the classroom for our students.

Based on our residential identity, students with less than 80 credits or who are under the age of 21 by the first day of classes of the fall semester, who do not reside with parents, legal guardians, a spouse or children in the city of Dubuque or nearby, are required to live in College-owned housing. Students are not permitted to move off campus after they have taken up residence unless authorized in writing by the Director of Residence Life. Permission will be granted only in extraordinary circumstances. PLEASE NOTE: a student must have completed 45 credits in order to apply to live off campus.

Exemptions for medical circumstances must go above and beyond basic illnesses or ailments. Requests will not be approved for common issues such as frequent colds or for medical issues which could be addressed by requesting accommodations in housing (for example, students with allergies who could manage their symptoms with an air-conditioner or students requesting a specific mattress size or type can be accommodated on campus and will not be approved). All information will be verified. Students who wish to receive an exemption from the meal plan requirement may complete a health-related meal plan change form available at the Health Center. Students are not granted permission to reside off campus solely for meal plan related issues. **Please note: Altered Physician's forms (altered by the student, parent, or any other party) will not be accepted. The request will be closed and forwarded to the Housing Board for review.

Students applying to live off campus due to Extreme Medical Circumstances must submit the following to the Health Center:

1. An Application to Live Off Campus form that has been completed, signed and stamped by their physician.
2. A letter written by the student describing their medical issues, why they are requesting to live off campus, and how living off campus would benefit their medical issues. The student should indicate that they are mature and responsible, will continue to have positive involvement on campus, maintain their academic scholarship and display conduct befitting the college's expectations.
3. A letter written by the student's parents/guardians supporting this request.
4. For student athletes – a letter written by the student's coach supporting this request.
4. The Health Center reserves the right to ask for further supporting medical documentation.

Students must submit their request and above completed documentation by April 1 to:
Loras College Health Center 1450 Alta Vista, Dubuque IA 52001
Phone: (563) 588-7142 Fax: (563) 588-7659
Email: tammy.marti@loras.edu

The Loras College Health Center will contact the students via email notifying them if their request has been approved or denied. Students approved to live off campus with parents and are found to be living elsewhere may be billed for on-campus housing costs.

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TO BE COMPLETED BY THE ATTENDING PHYSICIAN OR SPECIALIST

Student Name _____ Birth date _____ Loras I.D. # _____

1. Current on-campus residence _____
2. Planned off-campus residence _____
3. Planned off-campus roommates _____
   _____
4. How long has this student been under your care? _____
5. Diagnosis _____
   _____
   _____
6. Diagnostic Testing and Results? _____
   _____
   _____
7. Symptoms? _____
   _____
   _____
8. Name and frequency of medications taken to manage the symptoms: _____
   _____
   _____
9. Has the student been referred to a specialist such as a counselor, dietician, orthopedist, etc…? ❑ Yes ❑ No
   Explain: _____
   _____
   Recommendations: _____
   _____
   _____
10. Is the medical condition life threatening if the request to live off campus is denied? ❑ Yes ❑ No
    Explain: _____
    _____
    _____
    _____

SIGNATURE AND OFFICE STAMP ARE REQUIRED FROM THE ATTENDING PHYSICIAN OR SPECIALIST

_____

Signature Office Stamp