



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. Because most research supports that living on campus truly enhances the student learning experience, Loras College identifies itself as a residential campus – a campus that takes great care in providing intentional out of classroom learning experiences 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 cases.

Exemptions for extreme medical circumstances must go above and beyond basic illness or ailments. Requests will not be approved for common issues such as frequent colds, nor will they be approved for issues where the medical issue could be addressed by requesting accommodations in housing (for example, a student with seasonal allergies may not be approved to live off campus because their symptoms could be managed on campus with an air conditioner).

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. 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](mailto: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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### Application to Live Off Campus

#### 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. How long has this student been under your care? \_\_\_\_\_

4. Diagnosis \_\_\_\_\_

5. Diagnostic Testing and Results? \_\_\_\_\_

6. Symptoms? \_\_\_\_\_

7. Name and frequency of medications taken to manage the symptoms: \_\_\_\_\_

8. Has the student been referred to a specialist such as a counselor, dietician, orthopedist, etc...?  Yes  No

Explain: \_\_\_\_\_

Recommendations: \_\_\_\_\_

9. Would there be a permanent health impact if the request to live off campus is denied?  Yes  No

Explain: \_\_\_\_\_

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