



REQUEST TO COMMUTE

We are thrilled that you are considering Brenau University! You applied as a commuting student and the University grants permission to commute under very special circumstances. Please fill out this form to request permission to commute, and we will review your request as quickly as possible. Until permission is granted, we will process your application as a residential student.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Last, First Middle
Home Address: _____
Street City State Zip
Telephone #: (____) _____ (____) _____ Email Address: _____
Home Cell

CHOOSE ONE OF THE FOLLOWING

- _____ I am over 22 years of age. My birth date is: _____
- _____ I am living with my parent or legal guardian within a 50 mile radius of campus. If you will be residing with a legal guardian, please submit a copy of your court records to confirm the custody award.
- _____ I am married.
- _____ I have a child.

My signature below indicates that all information on this form is factual, correct and honestly presented. I understand that failure to provide accurate and true information may invalidate my admission to the University. I understand that it is my responsibility to report any changes in this information in writing to the office of admissions immediately.

Student Signature: _____ Date: _____

Please mail or fax this form to:

Brenau University
Office of Admissions
500 Washington Street SE
Gainesville Georgia 30501
Fax # 770.538.4701

If you have any questions, please give us a call at 770.534.6100 or 800.252.5119 ext. 6100.