January Residency Session 2017
Faculty/Supervisor Information

Tuesday, January 3 (noon) – Saturday, January 21, 2017

Student Name: ________________________________

Faculty/Supervisor Name: ________________________________

School, Program, or Office at Hampshire providing Supervision: ________________________________

Please describe how the student plans to spend their time during the January Session, which is from Tuesday, January 3 (noon) – Saturday, January 21, 2017:


Please provide a brief description of why the student requires residency during the January session.*

I confirm that the applicant is a currently enrolled Hampshire student who has a demonstrated need for access to College facilities during the January Residency Session 2017. I understand that in my role as sponsoring faculty/supervisor, I may be advised if this student is involved in any violations of academic or behavioral policies or if there are other behavioral concerns about this student during the January session.

__________________________________________
Faculty/Supervisor Signature

__________________________________________
Date

*Refer to Hampshire website for eligibility requirements: https://www.hampshire.edu/housing/january-and-summer-residency-policies