Faculty/Supervisor Information
January Residency Session 2020
Thursday, January 2 (noon) – Saturday, January 18, 2020

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 spanning Thursday, January 2 (noon) – Saturday, January 18, 2020:

________________________________________________________________________________________

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 2020. 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

Eligibility Requirements can be found on our website https://www.hampshire.edu/housing/january-and-summer-residency-policies