



**EMMANUEL  
COLLEGE**

## Office of Student Financial Services (OSFS)

2020-2021 Parking Permit Application  
Graduate + Professional Programs

\*To ensure accurate processing of your application, please complete this form in full.

### Student Information

_____	_____	_____	_____
Last Name	First Name	Student ID Number	
_____		_____	_____
Address		City	State Zip Code

Please choose one of the options below for receiving your parking permit:

- Mail my parking permit(s) to the above stated address
- I will pick my parking permit up in the Office of Student Financial Services  
*(The office is open until 6:00 pm Monday – Thursday and 4:30 pm on Friday)*

### Vehicle Information

_____	_____	_____	_____
Make	Model	Color	Year
_____		_____	
License Plate Number		State	

### Enrollment

Which program are you enrolled in:     Undergraduate Nursing     Graduate Nursing     Other Graduate

Which Session do you need parking:     Summer Session 1     Fall Session 1     Spring Session 1  
   Summer Session 2     Fall Session 2     Spring Session 2

*Please be aware that there is a fee of \$25 for any replacement session permits. The parking permit is only valid from 5 pm to 11 pm Monday-Thursday, and Saturdays. Emmanuel College assumes no responsibility for fire, theft or other damages to the motor vehicle or personal property while parked on the College campus. Parking spaces are limited.*

### Terms and Conditions

By signing below I agree and understand the following:

- The cost of parking is **\$70.00 per seven-week session**.
- If I am to lose the semester permit I must purchase a replacement permit with a fee of \$25.
- My parking permit is nontransferable and nonrefundable.
- My parking permit is only valid from 5 pm to 11 pm Monday-Thursday, and Saturday.
- As a result of my parking request the applicable fee will be charged to my student account according to the guidelines set up by the College which I am responsible for paying and that if I do not pay this fee I may be subject to collection proceedings.
- If the College refers my account to a collection agency or an attorney, these costs, plus all administrative expenses and collection costs associated with the collection effort will be due and payable by me.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed application to: Office of Student Financial Services, Emmanuel College, 400 The Fenway, Boston, MA 02115 or via the fax or email address listed below.**

#### For Office of Student Financial Services Use Only:

Permit #: \_\_\_\_\_ Term: \_\_\_\_\_ MCRG: \_\_\_\_\_ Excel: \_\_\_\_\_ Paid: \_\_\_\_\_