EMMANUEL COLLEGE

Office of Student Financial Services (OSFS)

2019-2020 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: _____