

SPRING 2008 PART-TIME STUDENT PARKING @ SIMMONS COLLEGE

ELIGIBILITY

To purchase part-time parking, students must first meet the following conditions:

1. Must live more than 1.5 miles away from Simmons College. A straight-line radius drawn from Simmons determines the 1.5-mile limit; it is not based on driving distance.
2. Must be registered for classes - registration may be confirmed by logging into [AARC](#) or calling the Registrar at 617-521-2100.
3. Must be cleared by [Student Financial Services](#) - a semester tuition bill is considered cleared if the tuition has been paid in full or if financial aid covers all costs. To confirm that you are cleared, please call Student Financial Services at 617-521-2009.
4. Must know the license plate number of each car that you intend to drive.
5. Must have a Simmons ID card.

SPRING PERMIT COSTS

Parking is sold based on your class schedule. All permits issued are for the Palace Road Garage and the garage entrance is located on Avenue Louis Pasteur next to the Park Science Building.

PT Day Permits (Allows parking on specified days, e.g., Mondays and Wednesdays, and may enter garage at 6:30am.) Purchased on a semester basis only. VALID 1/22/08 – 5/16/08. Rates based on \$10 per day.

Cost:

1 day per week	\$150
2 days per week	\$300*
3+ days per week	\$400*

PT Evening Permits (Allows parking on specified evenings, e.g., Mondays and Wednesdays, for classes starting at 5:30pm or after; may enter garage at 5pm.) Purchased on a semester basis only. VALID 1/22/08 – 5/16/08. Rates based on \$8 per evening.

1 evening per week	\$120
2 evenings per week	\$240
3+ evenings per week	\$360*

**Full-time students are eligible for a full semester parking permit at a cost of \$300. This permit allows entry to the garage from open to close, 7 days a week. To qualify, students must be taking a full course load as defined by the Registrar: 12 credits or more for undergraduates and 9 credits or more for graduate students. Available through online application only.*

PURCHASING PERMITS

BY MAIL OR FAX

Please complete our order form to order by mail or fax and then mail payment to the address at the bottom of the form or fax to our fax number, 617-521-3177.

AT OUR OFFICE

Parking Permits are available for purchase in the Campus Card Office at MCB E-007 during our office hours:

Spring semester hours

Monday, Tuesday, Friday: 8:30am – 4:30pm
Wednesday, Thursday: 8:30 – 6:00pm

We accept payment by cash, check, debit, MasterCard, VISA, and Discover.

CAMPUS CARD OFFICE – PARKING PERMIT SALES

Main College Building E-007
<http://my.simmons.edu/parking>

(t) 617-521-2273
commute@simmons.edu

Driver Info

Student ID _____ Dept/Program _____
 Name _____ Phone _____
 Street _____
 City, State, Zip _____
 Email _____
 Status Full-Time Part-Time
 Level Undergrad Graduate

Car Owner (if not driver)

Name _____ Phone _____
 Street _____
 City, State, Zip _____
 Email _____

<u>Auto Info</u>	<u>Plate Number</u>	<u>State</u>	<u>Make</u> (Ford, Honda, etc.)	<u>Model</u> (Taurus, Accord, etc.)	<u>Type</u> (Sedan, Wagon, etc.)	<u>Color</u>
CAR 1						
CAR 2						

Choose a Permit

① Select a Permit

- 1 Day a Week \$150
 2 Days a Week \$300
 3 Days or more \$400
- 1 Evening a Week \$120
 2 Evenings a Week \$240
 3 Evenings or more \$360

② Select Days/Evenings

- Sundays
 Mondays
 Tuesdays
 Wednesdays
 Thursdays
 Fridays
 Saturdays

Authorization

I have read and understand the Simmons College parking policy, rules and regulations <http://my.simmons.edu/parking>. I understand that failure to comply with these rules and regulations may result in the revocation of parking privileges.

Signature _____
 Date _____

<i>FOR OFFICE USE ONLY:</i> PERMIT # _____	COST	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE	DATE REC'D:	NOTES:
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Mail Order/Fax Section

① PAYMENT:

- I have enclosed my check, payable to Simmons College.
 Please bill my credit card:

Card Type: Visa® MasterCard® Discover®
 Name on Card _____
 Billing Address _____
 City, State, and ZIP _____
 Credit Card Number _____
 Expiration Date _____
 Amount of Payment \$ _____

② PICKUP/DELIVERY:

- I will pick up the permit at your office
 Mail the permit to my home address

③ MAIL APPLICATION TO:

Simmons College
 Campus Card Office
 300 The Fenway
 Boston, MA 02115-5898

FAX APPLICATION TO:

617-521-3177

Authorized Signature (must match name of cardholder) **Date**
 Please charge my credit card for the amount indicated.