

Request for Level IV/Blue Level Privileges – 1 Yr. Student

Level IV/Blue Level privileges include the following:

- No 6:30 pm -7:30 pm check-in (on cards or with SLCs)*
- Student must always check out with another student after 8pm. The exception to this is if parent permission has been granted for the student to go alone after 8pm only to the Ball State Bracken Library, Ball Gymnasium, and/or the Pittenger Student Center
- No study session
- Building curfew is 10:30pm (excluding weekends, 11:30 pm)
- Student receives 2 free room check "skips" **
- **Please refer to check-in times and curfews in the Student Handbook
- **Please refer to room cleaning in the Student Handbook

Student: _____ Class: _____ Date: _____

In order to be considered for Level IV/Blue Level privileges, you must complete and return the request form to your Student Life Counselor. **Requests for privileges are accepted *this semester* until the Friday before Midterms/Finals.** If your request for Level IV/Blue Level privileges is granted and you fail to maintain the required Student Life criteria, you will lose these privileges and will be placed back in Level I/Pink Level.

The Intervention and Retention Committee may place a student in study session for a determined number of days based on their discretion.

Criteria to be met for Level IV/Blue Level Privileges:

- Completed three full quarters at the Academy, in good residential standing.
- Current privilege status must be Level III/Green Level
- Completed 15 Hours of Academy Service
- Completed 15 Wellness Credits (At Least Two in Each Dimension)
- Completed 25 Hours of Community Service
- Attendance at Campus Safety Program and Parent Initial if Desiring to Sign Out Alone after 8pm to Designated Locations
- Obtained no more than 5 groundings in the preceding semester (or current semester if after midterm)

To be completed by Student Life Counselor:

Total Wellness Credits _____ Academy Service Hours _____ Number of Groundings _____
Community Service Hours _____
Extended Curriculum complete for Level IV privileges _____ SLC Initials: _____

To be completed by parent/guardian:

I agree to allow my student to have the Level IV/Blue Level Privileges as stated above.

Signature: _____ Date: _____

Student Signature: _____ Date: _____

SLC Signature & Date: _____ Privileges Granted: Y N See ADRSA