



OFF-CAMPUS RESIDENCE VERIFICATION 2014-2015 Academic Year

NAME _____
Please print: Last name, First, Middle

ID# _____ DATE OF BIRTH _____ E-MAIL _____

CATEGORY – check the one that most closely fits

- I AM TAKING UNDER 12 CREDIT HOURS THIS SEMESTER.
- I AM MARRIED ----- FULL NAME OF SPOUSE _____
- I AM LIVING WITH MY PARENTS OR LEGAL GUARDIAN.
I understand as a non-resident student under the age of twenty-three at the time of registration that I am required to live at home with and under the supervision of my parent(s) or legal guardian. I agree to notify the Housing Office in advance of any changes in my place of residence or in the information provided on this form.
- I AM 23 YEARS OF AGE AT THIS REGISTRATION.
- I HAVE COMPLETED EIGHT (8) FULL-TIME SEMESTERS OF POST-HIGH SCHOOL EDUCATION AT THE TIME OF THIS REGISTRATION.
- OTHER / EXPLANATION: _____

DURING THE SCHOOL YEAR, I WILL LIVE AT THIS ADDRESS:

I understand that my place of residence is under the same restrictions listed in the Lifestyle portion of the Student Handbook and I agree to those restrictions. This information is used by the federal government for reporting and statistical purposes.

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ Cell # _____

I certify that the above information is true and correct and I understand that falsification of official University documentation or information may lead to serious disciplinary action, including dismissal.

STUDENT'S NAME (Please print)

STUDENT'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY	Application	Approved [] Denied []
Date Application Received _____	Comments: _____	
Date of Official Action: _____	Reviewed by: _____	