

OFF-CAMPUS APPLICATION

DEADLINES—July 17 for Fall 2009 and November 6 for Spring 2010 **①** (423)614-6003

= commuters@leeuniversity.edu

(423)614-8404

Local student (Student wh	o is living with immediate relatives	s in the Cle	veland or im	mediate surrounding area - signature required)	
Relative's Name (print): Relative's Signature:					
Student who is married, w	idowed, or divorced				
Graduate student	ido wed, of divorced				
	age or older as of the date of the fi	rst day of c	lasses		
Part-time student (enrolled	•	ist day of t	145505		
Student who has lived on	campus for at least 4 semesters (not ner Honors, dual enrollment, or AP			pol) or has completed 60 or more credit napel probation, does not have account-	
Name (printed):			ID#:		
Email:				Lee Box:	
Phone number:	Cell phone number:	phone number: GPA:		Chapel Probation: YES NO	
Current residence hall (if applicable):				Accountability Hours: YES NO	
College Athlete: YES NO	Coach's Signature (Required):			•	
Applying for semester:	ying for semester: Year: Status (please Return Retu			New Transfer Readmit	
Local address: (While school is IN session)		Permanent address: (While school is OUT of session)			
Local phone number: (While school is IN session)		Permanent phone number: (While school is OUT of session)			
Do you currently have a meal plan? YES NO		If approved, I would like for my meal plan to be (<i>please circle</i>) - 21 15 10 5 0			
school account. Students are not a	pproved to live off campus <mark>until the</mark>	ng list plac ey receive 1	e <u>will be rele</u> vritten notice	ased. Your deposit will be applied to your e of approval. Any student who moves off back on campus regardless of signed lease	
Applicant's Signature:			Date:		
FOR OFFICE USE ONLY					
	Chapel probation:	Y/N	Semes	ters on campus:	
Local Student Confirmed:		: Y/N	Credit	hours	
	Accountability Hours: Age: Cumulative GPA:	: Y/N	Credit	hours	

♦ White copy—Residential Life ♦ Yellow copy--Vice President for Student Life