



OFF-CAMPUS RESIDENCE VERIFICATION
2016-2017 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 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
Date Application Received
Date of Official Action:
Application
Comments:
Reviewed by:
Approved [] Denied []