

APPLICATION TO LIVE OFF CAMPUS

- * Applications should be submitted yearly, at least two (2) weeks prior to the beginning of the academic term.
- * Submit applications to: Asbury University, Assistant Vice President for Business Affairs

PLEASE PRINT CLEARLY

!!YOU MUST CHOOSE AN EXCEPTION BEFORE SUBMITTING YOUR APPLICATION!!

Please read the following exceptions carefully before completing this application.

Exception: 1 2 3 4 5 (circle one)

- 1. Students who are classified as "INDEPENDENT".**
(This is a legal designation through the financial aid office.)
- 2. Students who are 23 or older.**
** A copy of your ID is required with this exception
- 3. Students who live with parents, close relatives or a legal guardian.**
** A letter from a parent or legal guardian is required with this exception.
- 4. Students who are working in an approved home for their room and board, but who make no cash payment for said room and board.**
** A letter from a parent or legal guardian is required with this exception.
** A letter from the approved home is required stating the living arrangements and that NO CASH PAYMENT is being received from the student.
- 5. Students who are fifth year seniors.**

****ALL SUPPORTING DOCUMENTATION SHOULD BE SUBMITTED WITH YOUR APPLICATION****

Term applying for: Fall/Spring _____ or Summer _____ (choose only one) Hours Being Attempted _____
YEAR YEAR

Have you been approved to live off campus before? YES _____ NO _____ If yes, then how many semesters? _____

Name _____ Cell Phone # _____

Asbury University ID # _____ Date of Birth _____ Circle one: **5thYR SR JR SO FR**

Parent(s) Name _____ Telephone _____
Area Code/Number

Parent(s) Address _____
Number & Street City State Zip

Where do you wish to live off campus? _____
Number & Street City Zip Telephone

Owner's Name _____ Telephone _____

Type of Facility: Room in a house _____ Apartment _____ House _____ Trailer _____

With whom will you live? Give number of persons, names, etc. _____

What is the relationship with the person(s) with whom you will live? _____

I have read the front of this application and I agree to the conditions as stated. I understand that students who live off campus are expected to abide by the same standards of conduct as those who live on campus and I agree to do so.

Applicant's signature _____ Date _____

YOUR APPROVAL OR DENIAL WILL BE EMAILED TO YOU. PLEASE CHECK YOUR CAMPUS EMAIL REGULARLY.

OFFICE USE ONLY

Student's Name: _____
ID# _____
Decision: _____
Reason: _____
Approved by: _____

