APPLICATION FOR OFF-CAMPUS LIVING
Academic Year 2010-11

ID#: __________________________ FIRST NAME: ________________________________ LAST NAME: _________________________
(PLEASE PRINT) (PLEASE PRINT)

CLASS YEAR: __________________ CONTACT PHONE #: _________________________

TOTAL # OF ROOMMATES APPLYING UNDER ONE LOTTERY # _________ (MUST LIST NAMES BELOW, IF MORE THAN JUST YOU)

By signing this application, students are indicating their full understanding of the policies regarding off-campus living as outlined on the previous page of this application for off-campus living.

SIGNATURE: __________________________________________________ DATE: ______________

PROXY NAME: ___________________________ PROXY E-MAIL: ___________________________
(IF APPLICABLE. PLEASE PRINT) (IF APPLICABLE)

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Complete this section only if you want to be entered in the lottery as a group under one lottery number. Each student in your group must fill out an individual application that includes the same roommate names. Applications cannot be accepted without complete and accurate information.

PROPOSED ROOMMATES FOR ONE LOTTERY NUMBER:

________________________________________  __________________________________________
________________________________________  __________________________________________
________________________________________  __________________________________________
________________________________________  __________________________________________
________________________________________  __________________________________________

DEADLINE FOR ALL APPLICATIONS:
TUESDAY, FEBRUARY 2ND AT 4:30 P.M. IN THE STUDENT HOUSING OFFICE