

APPLICATION FOR OFF-CAMPUS LIVING
Academic Year 2011-12

ID#: _____ FIRST NAME: _____ LAST NAME: _____
(PLEASE PRINT) (PLEASE PRINT)

CLASS YEAR: _____ CONTACT PHONE #: _____

TOTAL # OF ROOMMATES APPLYING UNDER ONE LOTTERY # _____ (MUST LIST ALL NAMES BELOW, IF YOUR GROUP AGREES TO GO THROUGH LOTTERY UNDER ONE NUMBER)

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)

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 (ONLY IF YOU CHOOSE TO GO UNDER ONE LOTTERY NUMBER):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DEADLINE FOR ALL APPLICATIONS:
TUESDAY, FEBRUARY 1ST AT 4:30 P.M. AT THE STUDENT HOUSING OFFICE