

REQUEST FOR OFF-CAMPUS HOUSING APPROVAL (FORM A)

For students enrolled before January 10, 2006

NAME: _____ DATE _____

BIRTHDATE _____

SEMESTER HOURS EARNED:

Cumulative Hours to date _____

Potential Hours This Semester _____

ID# _____

TOTAL _____

OFF-CAMPUS HOUSING IS REQUESTED FOR _____ OF _____
(semester) (year)

PRESENT LOCAL ADDRESS:

I understand that all single, full-time (12 semester hours) students at EMU are required to live on campus, but that exceptions may be made in the following situations. I make my request on the following premise:

_____ 1. I will be living with parents or legal guardians.

Phone number of parent or guardians: _____

Address of parent or guardians: _____

_____ 2. I will have earned a total of 90 semester hours **prior to** September 1st of the year in question.

_____ 3. I will be 21 years of age **before** September 1st of the year in question.

_____ 4. I require special care as prescribed by a medical doctor.

(Please attach statement from your doctor.)

_____ 5. I need to reserve an apartment due to marriage within the semester requested.

Wedding date: _____

_____ 6. I have a special situation not referred to in the above statements which warrants review.

These circumstances are as follows: (Please include a proposal for your living arrangements due to these circumstances, i.e. where and with whom do you request to live.) Use other side of the paper if necessary:

NEW ADDRESS: _____

NEW PHONE NUMBER: _____

(NOTE: Off-campus housing is **not approved** for students on academic probation, conditional readmission, and probationary status.)

YOUR SIGNATURE: _____

PLEASE RETURN THIS FORM TO THE STUDENT LIFE OFFICE