Please return this form to: Lincoln Memorial University Attn: Evelyn Farmer 134 Brooklyn Street #101 Cumberland Gap, TN 37724			Date	Office Use Onl e Received osit Received_	·
Application for Medical Student Univ	ersity H	ousing			
Please circle your academic program:	DO	PA	CVM	Masters:	(Please list your program of study)

Student must be accepted for admission prior to applying for housing. A \$500 housing deposit is due at the time of application. This will be refunded at the end of residence on campus, providing that no damages to University property are attributed to the student, proper notice canceling the room reservation is given, and the student has no outstanding University bills. If damages to University property exceed the \$500 deposit, the student will be billed for the additional cost of repairs.

Students applying for housing beginning with the fall semester are committed to a lease for the entire academic year. Any student deciding to vacate the residence during the school year will be charged for the entire academic year and will forfeit his/her deposit. Students moving in for the fall may check in any time after July 1. Students not planning to renew the lease for the next academic year must give a 60 day notice and must check-out by June 23rd.

Full Name (printed):		Last four digits of SSN:						
E-mail address:								
Street:								
City/State/County/Zip co (For reporting purposes of								
Ethnicity:	Sex:	Marital Status:	Date of birth:					
Applying for (please circle o	choice): Fall/Spring	g Spring only	Beginning Summer (PA only)					
Off-Campus:	University Inn: One	e-room studio Two-r	room unit					
Lee and Mars Apartments: Three bedroom suite with shared kitchen and living area								
On-Campus:	Dawson Hall: On	e Bedroom Apartment	Two Bedroom, One bathroom Apartment					
	Pope, Mitchell, Dishner,	Shelton, and Langley: Th	ree bedroom suite with shared kitchen and living area					
Upon signing this application DCOM Student Handbook		., .	ns and be responsible for information in the LMU-					

		
Signatural	c	••
Signature	3	1.

_ Date: ____

Please note that falsification of University application may result in suspension from the University.