#### **Application for Housing Waiver**

#### Each applicant for full-time admission must complete the appropriate form and return it to: Office of Residence Life Lincoln Memorial University 6965 Cumberland Gap Parkway Harrogate, TN 37752-0901.

Full Name				Social Secur	ity #	
	Last	First	Middle/Maiden		·J	
PERMANEN	NT ADDR	ESS:				
Street				(	)	
City		State	Zip	(	Home Phone	
Date of Birth:_			Starting Semester:	Fall 20	Spring 20	

## LMU policy is that full-time students are required to live on campus unless at least one of the following exceptions applies:

#### (Please circle the one that applies.)

The student:

1. is 21 years of age or older;

2. resides with immediate family member (parent or legal guardian) within 65 mile distance of campus; and/or

3. is married and residing with spouse.

### *Per the Athletic Handbook*: All student-athletes receiving athletic scholarships are required to live in campus housing facilities unless cleared through Director of Athletics.

My address while I am a student at LMU will be (only complete if different from permanent address listed above.):

Street	City	State	(	) Phone			
Family member with which you will be living, if under the age of 21:							

# UPON SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION SUPPLIED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY FALSIFICATION OF THIS INFORMATION MAY LEAD TO MY SUSPENSION FROM THE UNIVERSITY.

SIGNATURE	DATE
PARENT'S SIGNATURE	DATE

(If student is under 21 and not married)