Complete both sides of this form

Please Return This Form To:

For Office Use Only
Date Rec'd____
Dep. Rec'd____

Office of Residence Life Lincoln Memorial University Cumberland Gap Parkway Harrogate, TN 37752-0901

Application for Housing

Complete this Application for Housing if you intend to reside in a residence hall on campus. LMU policy is that all full-time students are required to live on campus unless one of the following exceptions applies:

The student:

- 1. is 21 years of age or older.
- 2. resides with immediate family member (parent or legal guardian) within a 65 mile distance of campus.
- 3. is married and resides with spouse.

Student must be accepted for admission prior to applying for housing. A \$200.00 housing deposit must accompany this application. This is refundable 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 (by July 1 for Fall placement and by December 1 for Spring placement) and the student has no outstanding University bills. If damages to University property exceed the \$200.00 housing deposit, the student will be billed for additional cost of repairs. Students ending their residency during the school year forfeit their deposit.

Full Name		Student ID #		
Last First E-mail Address	Middle/Maiden			
Home AddressStreet City			Zip Code	
·		County	•	
Ethnicity Sex Ma (for reporting purposes only)	arital Status Phone_		_ Date of Birth	
The Village (6 person apartments)	D: Upperclassmen choices: The Village (6 person a Mitchell/Pope (3 person			
Semester: Fall 20 Spring	g 20 Summer 20	0		
Preferred Roommate				
Has preferred roommate applied for housing?	Yes	No	Don't Know	
Do you prefer to have an international student as your roommate?YesNoNo Preference				
(If you selected West/Liles and are requesting a private room, available at an additional charge, write "private" in the space for Preferred Roommate. Private rooms cannot be guaranteed and may not be available due to space limitations.)				
Roommate Matching Info: Class/Level: Major/Minor: Are you an LMU Athlete? Yes No If so, which sport(s)? When is your best time to study? How do you prefer to study?	When is you What sport What activi	ur favorite time of day		

Health Insurance Company Name:	Policy Number:	
Insurance Company Address:	Policy Type:	
Are you covered as a dependent? If yes	s, Policy Holder Name:	
Policy Holder Employer (if provided through employer):	Address of Employer:	
	(a student's property may be covered under his/her parents' or ot accept responsibility for damage or loss of personal property due	
Meningococcal Meningitis		
the brain and spinal cord) or meningococcemia (bacteria in the block responsible for about 300 deaths annually. The disease is spread by quickly and without warning. Rapid intervention and treatment is responsible for about 300 deaths annually. The disease is spread by quickly and without warning. Rapid intervention and treatment is responsible to 5 different subtypes (called sereogroups) of the bacterium protective antibodies to Serogroups B, but it does protect against the duration of protection is approximately three to five years. The primarily of redness and pain at the site of injection lasting up to two The Advisory Committee on Immunization Practices (ACIP) of the U freshmen (particularly those who live in dormitories or residence has	the that causes Meningococcal Meningitis. The current vaccine does not stimulate the most common strains of the disease, including serogroups A, C, Y and W-135. It vaccine is very safe and adverse reactions are mild and infrequent, consisting to days. 1.5. Centers for Disease Control and Prevention (CDC) recommends that college alls) be informed about meningococcal disease and the benefits of vaccination I disease be immunized. Other undergraduate students who wish to reduce	
	Meal Plan	
	ivicai i iaii	
Meals Per Week: Meals per week are used for all-you-care-to-eat meadeducted from your weekly total. Flex Dollars: Flex Dollars work like a debit card and can be used		
UPON SIGNING THIS APPLICATION, I HEREBY A RESPONSIBLE FOR ALL INFORMATION IN THE I HANDBOOK. SIGNATURE		
SIGNATURE(Perent if the student is under 18 years of age)	DATE	
(ratelli, if the student is under 16 years of age)		

 $Please\ note\ that\ falsification\ of\ University\ applications\ may\ result\ in\ suspension\ from\ the\ University.$