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 | | | Social Security #_ | |
|---|--------------------------|--|-------------------------|-----------------|
| E-mail Address | First | Middle/Maiden | | |
| Home AddressStreet | | Gr. A | | 7: 0 1 |
| Ethnicity | | | County | Zip Code |
| (for reporting purposes only) | Sex Wantar S | status1 none | | _ Date of Birth |
| Preferred Residence Hall (Ple Freshmen choices: The Village (6 person ap West/Liles | artments) Upper | classmen choices: The Village (6 person Mitchell/Pope (3 perso | | |
| Semester: Fall 20 | Spring 20 | Summer 2 | 20 | |
| Preferred Roommate | | | | |
| Has preferred roommate appl | ed for housing? | Yes | No | Don't Know |
| Do you prefer to have an inter | rnational student as you | r roommate?Ye | esNo | No Preference |
| (If you selected West/Liles and a Preferred Roommate. Private roo | | | | |
| Roommate Matching Info: Class/Level: Major/Minor: Are you an LMU Athlete? If so, which sport(s)? When is your best time to study? How do you prefer to study? | Yes No | When is you What sport What active | our favorite time of da | rsic? |

| Health Insurance Company Name: | Policy Number: |
|---|--|
| Insurance Company Address: | Policy Type: |
| Are you covered as a dependent? If ye | es, Policy Holder Name: |
| Policy Holder Employer (if provided through employer): | Address of Employer: |
| e i | e (a student's property may be covered under his/her parents' or not accept responsibility for damage or loss of personal property due |
| Meningococcal Meningitis | |
| the brain and spinal cord) or meningococcemia (bacteria in the bloom responsible for about 300 deaths annually. The disease is spread by quickly and without warning. Rapid intervention and treatment is There are 5 different subtypes (called sereogroups) of the bacteric 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 the Advisory Committee on Immunization Practices (ACIP) of the freshmen (particularly those who live in dormitories or residence | um 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. The vaccine is very safe and adverse reactions are mild and infrequent, consisting two days. U.S. Centers for Disease Control and Prevention (CDC) recommends that college halls) be informed about meningococcal disease and the benefits of vaccination cal disease be immunized. Other undergraduate students who wish to reduce |
| , , , , , , , , , , , , , , , , , , , | Meal Plan |
| Please check your desired option. | |
| Meal Plan #1 – 19 meals per wee Meal Plan #2 – 15 meals per wee Meal Plan #3 – 10 meals per wee | ek/150 flex dollars |
| Meals Per Week: Meals per week are used for all-you-care-to-eat me deducted from your weekly total. | eals in the LMU Dining Hall. Each time you swipe a meal will be |
| Flex Dollars: Flex Dollars work like a debit card and can be used | d at LMU Dining Hall, Splitters Club, or The Campus Grounds. |
| If you have any concerns regarding medical condition | ions or food allergies, contact the Office of Residence Life. |
| RESPONSIBLE FOR ALL INFORMATION IN THE | AGREE TO COMPLY WITH ALL REGULATIONS AND BE LMU STUDENT HANDBOOK AND RESIDENTIAL |
| HANDBOOK. SIGNATURE | DATE |
| SIGNATURE | DATE |
| (Parent, if the student is under 18 years of age) | |

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