

Off-Campus Application



Deadline for application
 Spring: November 01
 Fall: June 15

Office of Residential Life and Housing
 phone (423)614-6000
 fax (423)614-8404
 housing@leeuniversity.edu

Eligibility

Non-Local Freshmen and Sophomores are required to live on-campus
 Requirements: - 2.0 GPA Minimum - No Accountability Hours -

Please check the criteria that you meet to be eligible to live off-campus

- Student who has completed 60 or more credit hours (not including Summer Honors, dual enrollment, or AP credit)
- Student who has lived on campus for at least 4 semesters (does not include Summer School)
- Student who is 21 years of age or older as of the first day of classes
- Graduate student
- Student who is married, widowed, or divorced
- Part-time student (enrolled for less than 12 hours)
- Local student (student living with immediate relatives in the Cleveland or immediate surrounding area)

Relative's Name (print): _____ Relationship: _____

Relative's Email Address: _____ Contact Number: _____

Basic Information

Semester Applying for Off-Campus: _____

Full Name: _____ Lee ID#: _____

Lee Email: _____ Cell Phone: _____

Cumulative GPA: _____

Current Residence Hall: _____

Current Status (circle one)

Returning

New

Transfer

Readmit

Chapel Probation (circle one) **Yes No**

Accountability Hours (circle one) **Yes No**

If known, off-campus address: _____

Signature

If approval is granted, your residence hall assignment and waiting list request **will be released**. Your roll over deposit will be applied to your school account 30 days after classes start for the semester you are applying for off campus. Students are not approved to live off campus **until they receive written notice of approval**. Notice of approval or denial will be sent to your LU Email. A student who moves off campus without approval (regardless of signed lease agreement) from Residential Life & Housing will have their classes purged and the cost of the residence hall will remain on the student's account. Furthermore, the student will be required to move back on campus prior to the last day to register in order for classes to be reinstated. Please also note you are responsible for updating your **meal plan**.

Applicant's Signature _____ Date _____

OFFICE USE ONLY:		ACH's: Y / N _____	Date of Birth _____	Credit Hour Information	
Local Student Confirmed	Y / N _____	Chapel Prob: Y / N _____	Age _____	_____	Cumulative Hrs
By _____	_____	Part-Time: Y / N _____	Semesters on campus _____	_____	Current Hrs
_____	_____	Graduate: Y / N _____	Cumulative GPA _____	_____	Summer/Transfer Hrs
Approved _____	Denied _____	Signature _____	Date _____	_____	Dual Enroll/AP/Summer Honors Hrs (Subtract)
_____ ASPR	_____ RMAS	_____ Chartered	_____ Notification to Student	_____ Notify RD	_____ Total Credit Hrs