

# HOUSING EXEMPTION CONTRACT

## LINCOLN CHRISTIAN UNIVERSITY

Directions- Fill in the information requested below. Your contract will be reviewed by the Vice President of Student Development. If approved, you will be contact and the appropriate offices notified. Exemptions are valid for one semester and must be renewed each semester unless otherwise noted.

Requirements for on-campus housing are:

1. Full time student status (12 + hours) at LCU or between two or more schools
2. Seeking a degree from LINCOLN CHRISTIAN UNIVERSITY
3. Under 23 years old at the beginning of the semester
4. "Commuter students" are defined as married or living with their parent or guardian. They are already exempt from these policies.

THIS CONTRACT WILL NOT BE OFFICIAL UNTIL IT HAS BEEN FULLY COMPLETED AND SUBMITTED TO THE STUDENT DEVELOPMENT OFFICE.

.....  
Today's Date \_\_\_\_\_  
Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Current School Address \_\_\_\_\_  
Current Home Address \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Phone Number \_\_\_\_\_ Email (that you check): \_\_\_\_\_  
Degree Sought at LCU: \_\_\_\_\_  
School(s) attending 1) \_\_\_\_\_ Hours of class: \_\_\_\_\_  
2) \_\_\_\_\_ Hours of class: \_\_\_\_\_  
3) \_\_\_\_\_ Hours of class: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

Reason for exemption from on-campus housing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consulted with: \_\_\_\_\_

This form must be signed by the following people:

- 1) Authorized by the VP of Student Development

\_\_\_\_\_  
2) Notified Bill Paying

\_\_\_\_\_  
3) Notified Financial Aid

Dates Effective:

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

I understand that this contract will be reevaluated each semester.

\_\_\_\_\_  
Student Signature

.....  
This is **required** to be signed by your Head Resident and turned in *by them* to the business office to have your room deposit returned. \$ \_\_\_\_\_ amount of Room Deposit to be returned (Original deposit- \$150)

\_\_\_\_\_  
Residence Hall Director

Room Key

Late Key

\_\_\_\_\_  
Student Signature

**Attn: RHD:** Return this portion with the Dorm Deposit Slip to the Business Office.