Priority Deadline: July 1, 2009 **Second Deadline: September 1, 2009**

Fisk University

1000 17th Avenue North Nashville, Tennessee

Off-Campus Application Form 2009-2010

***Name:** _____ ***Social Security Number:** _____--_____--_____
Last First Middle

***Date of Birth:** MM_____DD_____YY_____

***Classification (Fall 2008):** **Freshman** ☐ **Sophomore** ☐ **Junior**☐ **Senior** ☐ **Other**☐ _____

***Local Mailing Address (Davidson County)** _____ **Apt. No.** _____

City/Zip _____, **Tennessee Zip**_____ **Local Telephone Number** (____) _____

Preferred E-mail Address: _____

***Permanent Address** _____ **Apt. No.** _____

City/State/Zip_____

Permanent Telephone Number (_____) _____

***Person in the Nashville area we may contact in an emergency. Name**_____

Relationship_____ **Telephone:** (_____)_____

Address_____ **City/State/Zip:** _____

***Who may we contact in case of emergency at home? Name**_____ **Relationship**_____

Telephone: (_____)_____ **Address** _____

City/State/Zip: _____

****I meet the following requirements for off campus housing approval*** **(Check at least one [1]):**

- ☐ **Independent Status****
- ☐ **Permanent Residency in Davidson County****
- ☐ **Medical or Health requirements****

****Must submit supporting documentation**

I hereby declare that the above statements are true to the best of my knowledge and do hereby promise to adhere to the general regulations governing the decorum of students living in the campus residences.

_____ _____
Student's Signature **Today's Date**

NOTE: *This information must be entered. An incomplete application will result in a voided application. An incomplete application will not be approved. Please complete all information prior to submission.

DO NOT WRITE BELOW THIS LINE

Approved ☐ **Not Approved** ☐

_____ _____
Assistant Dean of Student Life Today's Date

Completed form must be returned to the Office of Student Life

Office: (615) 329-8597 *Fax:* (615) 329-8714 www.fisk.edu

Updated: 04/2007