



Personal Information			
Full Name:		Date:	Age:
Address:		Phone: ( )	
City:	State:	Zip:	Email:
Academic Level: <input type="checkbox"/> Fr. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.			Advisor:
Academic Major:			Cumulative GPA:
Summer Session: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 - (check all that apply)			
Campus Employer:		Start Date:	End Date:

Course Information		
Course #:	Course Title:	Session #:
Course #:	Course Title:	Session #:
Course #:	Course Title:	Session #:
Course #:	Course Title:	Session #:
Course #:	Course Title:	Session #:
Course #:	Course Title:	Session #:
Course #:	Course Title:	Session #:
Course #:	Course Title:	Session #:

**IF YOU ARE TAKING SUMMER CLASSES:**

**YOU MUST ATTACH A COPY OF YOUR SCHEDULE ALONG WITH THIS APPLICATION**

*By signing below I am aware that I must be taking Summer Courses, or have a Summer Job at Ohio Christian University in order to receive on campus summer housing. I also understand that Summer Housing standards reflect the Community Handbook, but due to the unique situation summer presents, some standards are altered to address those situations. Failure to comply with any Community Handbook or Summer Housing standard may result in my requirement to immediately vacate the Residence Hall.*

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*Student Signature*

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*Date*

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*Academic Advisor or Employer – must sign before Director of Residence Life*

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*Date*

\_\_\_\_\_

*Director of Housing and Residence Life*

\_\_\_\_\_

*Date*

