Off Campus Housing Request
Oklahoma Baptist University

Last Name _____ First Name _____ M.I. ____
Identification Number _____ Date of Birth _____ Age _____
Permanent Home Address (number, street, apt.) _____
City _____ State _____ Zip _____
Phone # (____) _____ Cell Phone # (_____) _____

____ Male _____ Single _____ Fall 2009 _____ Spring 2010 ____ Freshman ____ Sophomore
Academic Classification:
____ Female _____ Married _____ Fall 2010 _____ Spring 2011 ____ Junior ____ Senior

Reason for Request for Off Campus Housing
____ Unmarried & enrolled in less than 8 hours
____ Married Student
____ Residing with parents or immediate family-proof of ownership required
____ Age 21 years or older or having attained the age of 21 sometime during the semester.
____ Employment payment includes housing
____ Attained Senior Status (a minimum of 90 Credit Hours) prior to the semester of request

____ **Exception Requested** Exceptions to the policy will only be granted to those few "extremely unusual circumstances" which make living off campus necessary for the student's well-being.

Off Campus Address (number, street) _____ Apt. # _____
City _____ State _____ Zip Code _____
Phone # (____) _____ Cell Phone # (_____) _____
Landlord: _____ Landlord's Phone # (____)_____
Roommates (s) _____

I have read the Off-Campus Housing Request Policies and Procedures on OBU's Website, understand them and will comply. Permission to reside off campus may be canceled if conditions warrant resulting from behavior not consistent with University philosophy as expressed in institutional policies.

Moving off campus can affect the amount of financial assistance which you can receive. Please see your Student Financial Services Counselor prior to finalizing your decision to move off campus.

Student's Signature _____ Date _____

Return completed form to the Office of Residential Life

VERIFICATION OF STUDENT LIVING WITH PARENT(S) OR GUARDIAN

Street Address (number, street) _____ Apt. # _____
City _____ State _____ Zip _____
Phone # (____) _____

I hereby agree to notify the University if the above named person stops living with me in my home.

Signature of Parent or Guardian _____ Date _____

Printed name of Parent or Guardian _____

OFFICE USE ONLY

_____ Approved _____ Not Approved _____
Director of Residence Life

____ Parents _____ Immediate Family _____ Hours Completed _____ Married ____ PT
____ Special _____ Grad _____ Commutes _____ Age ____ Other _____