



# OFF-CAMPUS RESIDENCE VERIFICATION

NAME \_\_\_\_\_  
Please print: Last name, first name, middle name

ID# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ E-MAIL \_\_\_\_\_

WHEN DO YOU PLAN TO ENROLL AT SWU? Spring 20 \_\_\_\_\_ Fall 20 \_\_\_\_\_

**CATEGORY – check the one that most closely fits**

- I AM TAKING UNDER 12 CREDIT HOURS THIS SEMESTER.
- I AM MARRIED ----- FULL NAME OF SPOUSE \_\_\_\_\_
- I AM LIVING WITH MY PARENTS OR LEGAL GUARDIAN.  
I understand as a non-resident student under the age of twenty-three at the time of registration that I am required to live at home with and under the supervision of my parent(s) or legal guardian. I agree to notify the Housing Office in advance of any changes in my place of residence or in the information provided on this form.
- I AM 23 YEARS OF AGE AT THIS REGISTRATION.
- I HAVE COMPLETED EIGHT (8) FULL-TIME SEMESTERS OF POST-HIGH SCHOOL EDUCATION AT THE TIME OF THIS REGISTRATION.
- OTHER / EXPLANATION: \_\_\_\_\_

**DURING THE SCHOOL YEAR I WILL LIVE AT THIS ADDRESS:**

I understand that my place of residence is under the same restrictions listed in the Lifestyle portion of the Student Handbook and I agree to those restrictions. This information is used by the federal government for reporting and statistical purposes.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ Cell # \_\_\_\_\_

I certify that the above information is true and correct and I understand that falsification of official University documentation or information may lead to serious disciplinary action, including dismissal.

\_\_\_\_\_  
STUDENT'S NAME (Please print)

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICIAL USE ONLY	Application	Approved [ ] Denied [ ]
Date Application Received _____	Comments: _____	
Date of Official Action: _____	Reviewed by: _____	