

PACIFIC UNION COLLEGE
COMMUNITY HOUSING WITH PARENTS APPLICATION

HOUSING POLICY

If you are a single student age 22 or younger and living in the fulltime primary home of your parent(s), please complete this form and return it to Student Services. All information must be completed for processing.

Date: _____ ID: _____ Quarter(s) housing requested: Fall Spring
 Winter Summer

Print Name: _____ E-Mail: _____
Last First Middle

Birth Date: Mo ____ Day ____ Yr ____ Class Standing: FR SO JR SR OTHER (5th Yr+ Senior)

Address: _____
Street City State & Zip Code

Mailing Address: _____ Telephone Number _____
PO Box City State & Zip Code

Is the above address your parent(s) fulltime primary residence? Yes _____ No _____

Parent Name (please print) Parent Signature Parent Telephone Number

Please list all persons living at requested address:

Name	Age	M / F	PUC Student
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N

For Office Use Only

GPA _____

Holds _____

Approved / Denied

Demographics

Excel

Letter Sent

Copy to File

Return form to: Student Life
Pacific Union College
One Angwin Avenue
Angwin, CA 94508
Fax: 707.965.7386
Email: studentlife@puc.edu

Student Agreement

I agree to abide by PUC's *Student Handbook* while residing in off-campus housing and I understand that approval of this request may be revoked if questions arise regarding any compliance with College regulations.

_____ Signature _____ Date _____ 2014