Andrews University students are expected to abide by the principles and guidelines delineated in the “Student Handbook” wherever they may live.

1. **Application:** A Community Residential Application may be obtained online or in the Student Life office (Campus Center, main floor).
   - The parent, grandparent, aunt/uncle, sibling age 22+ or current, full-time Andrews University faculty/staff member living in the local area must sign the application in person in the Student Life office and is required to present their current Michigan or Indiana driver’s license to be photocopied as proof of local residency (address within a 45-mile radius of Andrews University).
   - If applying to live with an aunt/uncle, a student must submit written documentation from a parent to verify that the aunt/uncle is the biological sister/brother of the parent.
   - A sibling age 22+ who will act as household guardian for a student under the age of 22 may be requested to submit a copy of their signed lease and other documentation (such as copy of bills) once they have received Approval with Condition* status from the office.
   - Students who make false statements to the University on a Community Residential Application jeopardize their student status and ability to reside in the community—additional consequences and/or fines may apply.

   **Applications must be complete to be approved. There will be NO RUSHES for approval. Immediate clearance, even temporarily, should NOT be expected when submitting applications.**

2. **Review:** Applications will be reviewed and, if needed, an appointment with the assistant to the vice president for Student Life will be arranged.

3. **Notification:** The assistant to the vice president for Student Life will respond to all applications within two weeks of submission or according to the designated timeline (see below). Students are strongly advised not to make contractual agreements or financial commitments in the community before receiving full approval from Student Life for community living. Student Life is not responsible for these choices or consequences. All notifications (approval or otherwise) will be sent on behalf of the assistant to the vice president for Student Life to the student’s Andrews University email address. **Students should NOT assume approval before receiving notification of approval.**

   Table:
<table>
<thead>
<tr>
<th>Semester expected to move</th>
<th>Application deadline</th>
<th>Response by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2016</td>
<td>June 1</td>
<td>June 15</td>
</tr>
<tr>
<td>Spring 2017</td>
<td>November 2</td>
<td>November 16</td>
</tr>
</tbody>
</table>

4. **Follow-up:** Students given Approval with Condition* must submit a copy of their older sibling’s signed lease by the first day of the new semester in which the move is made.

   **Approval with Condition—**This application status may be given to students who have applied to live with a sibling age 22+. This status suggests approval is pending Student Life’s receipt of a copy of the signed lease agreement for the residence where the student will live. The older sibling must be listed as a lessee (tenant) on the agreement. **Students will not be cleared in the registration system until this information is received.** Approval with Condition will not exceed the period of three weeks.

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**To review the Andrews University Residential Living Policy, please visit andrews.edu/sl.**
PLEASE NOTE: Students are strongly advised not to make contractual agreements or financial commitments in the community before receiving full approval from Student Life for community living. Only students who meet the criteria outlined in the Residential Living Policy will be approved to live out of the residence halls or in the community.

Please check (✓) the appropriate box(es):

☐ New Application: This is my first time applying for community residence.

☐ Renewal: I was approved to live in the community the previous school year and—

☐ will remain at the same address or ☐ will move to a different address.

Date: ___________________________  AU ID#: ________________________

Name: ___________________________  Age: _________  Birth Date: __________

AU Email Address: ____________________________

CURRENT RESIDENCE: ________________________________________________________

Phone: ___________________________

START DATE: I am applying to move beginning ☐ Fall 2016  ☐ Spring 2017  ☐ Fall 2017

QUALIFIERS: Please check (✓) all that apply—

☐ I am applying to live with a:

☐ Parent (biological parent or legal step-parent)  ☐ Grandparent (biological parent of my parent)

☐ Aunt/Uncle (biological sister or brother of my parent)  ☐ Sibling age 22+ (biological sister or brother)

☐ Full-time Andrews University Faculty or Staff Member (current)

Name of above Relative or AU Employee: ____________________________________________

☐ I am turning 22 years of age by: ☐ September 30  ☐ January 31

☐ I am a fifth-year senior—I have attended four full years (8 fall/spring semesters) at a college/university

and have 120+ earned academic credit hours by the  ☐ Fall 2016  ☐ Spring 2017  ☐ Fall 2017 semester

☐ I have served ☐ one registered semester ☐ two registered semesters as a student missionary or

taskforce worker through Andrews University or another Adventist institution and request equivalent academic semesters toward fifth-year senior status (with 15 hours of earned academic credit hours per semester). *Please note: additional documentation will be requested.

FUTURE RESIDENCE: __________________________________________________________

Phone: ___________________________

Names of non-relatives in the home: _____________________________________________
Agreement of Parent, Grandparent, Aunt/Uncle, Sibling Age 22+, Full-time Andrews University Faculty or Staff Member (please check all that are applicable and sign)

My relationship to ___________________________________ is:

☐ Parent (biological parent or legal step-parent)  ☐ Grandparent (biological parent of my parent)
☐ Aunt/Uncle (biological sister or brother of my parent)  ☐ Sibling age 22+ (biological sister or brother)
☐ Full-time Andrews University Faculty or Staff Member (current)

☐ I will live on a daily basis in the same household with this student at the address listed on this form.
☐ She/he will NOT live in a separate apartment or basement apartment with a separate entrance.
☐ I agree to notify the Student Life office if any of the following occurs:
  a) She/he ceases to live in the home.
  b) I cease to live in the home on a daily basis with this student.
  c) I become aware of concerns that impact the holistic welfare of this student.
  d) I become aware that her/his conduct is not in harmony with Andrews University expectations as outlined in the “Student Handbook.”
☐ The statements checked above are true. I understand that any false statements will jeopardize the applicant's student status at Andrews University.

PLEASE NOTE: Signature must be made in person at the Student Life office. A copy of your Michigan or Indiana driver's license with a matching local address is required at the time of signature.

Sign: __________________________________________ Date: __________________________

Agreement of Student (please sign)

I understand that approval of this Community Residential Application cancels my residence hall room request. If I am currently living in the residence hall, I agree to follow all exit procedures and understand that moving out of the residence hall will deprive me of certain privileges such as discounts on health club, guest rooms, laundry, etc.

I agree to abide by Andrews University expectations as stated in the “Student Handbook” and to take responsibility when hosting student guests so that they will likewise live in accordance with Andrews University expectations.

Sign: __________________________________________ Date: __________________________

FOR OFFICE USE ONLY

Date Received: __________________________ Action Taken on: __________________________ by: __________________________

Action: ☐ Approved  ☐ Denied  For Semester: ☐ Fall 2016  ☐ Spring 2017  ☐ Fall 2017

Comments:

If Approved, Exemption Cleared/Student Notification by: __________________________ on: __________________________

If Denied, Student Notification Sent by: __________________________ on: __________________________