

Application for Residency

ADVENT HOUSE SEVENTH-DAY ADVENTIST STUDENT CENTER

1918 Terrace Ave., Knoxville, TN 37916

865.522.3193

Basic Information

Birth Date: ___-___-___ Male:___ Female:___ Title: Mr. Ms. Mrs. Other:_____

Are you currently enrolled as a student at the University of Tennessee, Knoxville? Yes No

Where did you previously attend school?_____

Last Name:_____ First Name:_____ Middle Name:_____

Present Address:_____

Street City State Zip

Permanent Address:_____

Street City State Zip

Phone #: (W)___-___-___ (H)___-___-___ Email _____

Parents' Name(s)_____

Parents' Address_____

Street City State Zip

Parents' Phone: (W)___-___-___ (H)___-___-___

Anticipated year of study: Freshman Sophomore Junior Senior Graduate Other:_____

Major/Field of Study:_____ Full-time Part-time Expected graduation date_____

Have you ever rented or leased in the past? Yes No

If so, please provide the name and place and indicate the length of your residency/stay.

Institution	Phone Number	Duration of occupancy
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Which facility would you like to rent?: Apt. A Apt. B Room 1 Room 2 Room 3

Would you mind living with a roommate? Yes No

How long do you anticipate living here? 1 semester 1 summer 1 academic year 1 full-year more than a year

Will you need a parking pass? Yes No _____

Make Model Year Color

What date do you anticipate to move-in?_____

