



MUSICIANS INSTITUTE

COLLEGE OF CONTEMPORARY MUSIC

MUSICIANS INSTITUTE RESIDENCE LIFE

Off-Campus Housing Application

Student's Name: _____ Date: _____
LAST FIRST MIDDLE INITIAL

MI Email: _____ @student.mi.ed Other Email: _____

Program: _____ Program Start Date: _____

Nickname (Optional): _____ Birth date: _____

Permanent Address: _____
NUMBER STREET APT #

CITY STATE/COUNTY ZIP CODE PHONE CELL/MOBILE

Parent/Guardian Name: _____
LAST FIRST MIDDLE INITIAL

Parent/Guardian Address: _____
NUMBER STREET APT # CITY STATE/COUNTY ZIP CODE

Parent/Guardian Phone: _____
HOME WORK CELL/MOBILE

Please Select Two Options:

WILCOX RESIDENCE HALL

\$2,700 per quarter double occupancy

\$5,400 per quarter single occupancy

\$300 refundable security deposit

MCCADDEN RESIDENCE HALL

\$2,700 per quarter double occupancy

\$5,400 per quarter single occupancy

\$300 refundable security deposit

The Student (and parent/guardian if student is under 18 years of age) hereby applies to Musicians Institute for a license to use assigned residential living and certifies that he/she has read and understood the MI Off-Campus Agreement which is incorporated by reference herein; that his/her statements in the application are true and correct; and that he/she understands that any misinterpretations or false statements appearing hereon are material to the Application and the Agreement, and would constitute thereof.

Student's Signature: _____ Date: _____



MUSICIANS INSTITUTE
 COLLEGE OF CONTEMPORARY MUSIC
 Credit Card Authorization Form for Admissions

Current Date: _____/_____/_____ Term: _____

Student Name: _____

Student ID #: _____

Visa Mastercard Discover American Express

Credit Card Information

Credit Card Number: _____ - _____ - _____

Expiration Date: _____ / _____ CVV Number: _____

(3 digits on the back of the CC or 4 digits on the front for AMEX)

Charge Amount for ONE TIME CHARGE: \$ _____

<input type="checkbox"/> Recurring Charges	Amount	Date
Payment 1	\$ _____	_____
Payment 2	\$ _____	_____
Payment 3	\$ _____	_____

Card Holder Information

Name: _____
 (as it appears on the credit card)

Contact Number: _____ Home Cell Other

Contact Number: _____ Home Cell Other

Billing Address: _____

By signing below, I hereby authorize Musicians Institute to charge my credit card for the amount specified above for charges relating to tuition, equipment and software, or materials and supplies for indicated Term only.

Card Holder Signature _____