



MUSICIANS INSTITUTE RESIDENCE LIFE
Off-Campus Housing Application

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

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
- \$500 refundable security deposit

MCCADDEN RESIDENCE HALL

- \$2,700 per quarter double occupancy
- \$5,400 per quarter single occupancy
- \$500 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:** _____