Mini-Term Housing Applic	ation
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Please complete this form in its entirety

Name: Date: Email: Phone: Address: Street: City/State/Zip: Date of Birth: Gender:					
Student ID Number:					
Degree Program:  Housing is needed during v	which semester?	☐ January ☐ Spring ☐ Summer ☐ Fall ☐ Year			
Check-In Date: Check-Out Date:					
Are there any health concerns that should be considered in regards to housing?					
If you are flying in and need to be picked up from the airport, contact Asbury Inn at 859-858-2156 and they will assist you. There is a fee for this service.					
I understand that this is a contract. I understand that after my application has been received, I will be placed on the Mini-Term Housing Wait List without guarantee of an assignment (housing is granted on a first-come, first-served basis). I will notify the Housing Office immediately of any changes to the length of my requested visit prior to my arrival.					
Signature:  Date:					