

Northeast Residence Life Application

Nonrefundable \$25 application fee required PLEASE PRINT

For Office Use Only
Date Received:
Residence Life Staff:
Date Received:
Student Accounts Staff:

A. Full Name:	Name: Date of Birth		
Address:			
City/State/Zip:			
Students Email Address:			
		ne:	
	Parent's name: Parent's Cell or Work Phone:		
		Phone:	
B. I am planning to attend Northeast beginning		1 none.	
Fall Semester (August): Year		ummer Sessions: Year	
Spring Semester (January): Year			
by mail or electronically to e-mail to the addrect. About you: Gender: Male Fema	ale Transgender Male	-	
Program of study (Major)			
• Grade Level Status: First-time c	college student Sophomo	ore Other	
	ry complaint currently pendi	ed or suspended from another college or university ng against you at another college, which might	
E. Have you ever been convicted of a criminal currently pending against you at this time?		neanor traffic violation, or are there such charges	
ime student status of at least 12 credit hours. Du	aring the Fall and Spring Seme s the right to deny residency to	ned in the Residence Life Handbook and maintain full- esters each resident must participate in the food service to any student who may create an unreasonable risk of College, community, or him/herself.	
	given by me is found to be fa	ue and correct and that no attempt has been made to lse or is an attempt on my behalf to mislead, I will be not that my application fee is non-refundable.	
Student's Signature		Date	
arent or Guardian's Signature (Required if under 19 y	rears of age)	Date	
Mail this form to: Student Accounts Northeast Community College 801 East Benjamin Avenue Norfolk, NE 68702-0469	E-mail this form to: Housing@northeast.edu	Questions? Call: (402) 844-7155 or 1-800-348-9033 ext. 7155 Email: housing@northeast.edu	