

Student Housing Application

The Art Institute of Fort Lauderdale



Thank you for expressing interest in our school-sponsored housing at The Art Institute of Fort Lauderdale! We are very excited to meet you and hope you will find your entire experience at our school enjoyable. Space in school-sponsored housing is limited and available on a first-come, first-serve basis. In order to guarantee your space you must submit the following application AND a security deposit in the amount of \$275.00 as soon as possible.

In order to be eligible for housing at The Art Institute of Fort Lauderdale, all students must meet the following requirements:

- Students **MUST** be at least 18 years old **or** 17 years old and turning 18 within the first three quarters of residency.
- Students **MUST** be an enrolled student at The Art Institute of Fort Lauderdale
- All students **MUST** have a signed financial plan through Student Financial Services (your Admissions representative will assist you with this).

Please complete all information requested in its entirety. This form may be sent electronically or you may print it and fax it back to us using the following contact information:

The Art Institute of Fort Lauderdale
Attn: Residential Life & Housing
1799 SE 17 Street
Fort Lauderdale, FL 33316

Fax #: 954-563-2564
Email: lperez@aii.edu (Larry Perez, Director of Housing)
Questions? 1-800-275-7603 ext. 2376

Student Housing Application for Uhe Art Institute of Ft Lauderdale

Today's Date: _____ Your Admissions Representative: _____

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

Student ID #: _____ : _____ Gender: Male Female

Student's Cell Phone #: _____ Student's Home Phone #: _____

Student's E-mail: _____

Home Mailing Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____ Country: _____

What is your intended start date: _____

What is your current status (please check one):

- ___ Current Art Institute of F . Lauderdale student
- ___ New Student
- ___ Transfer/Reentry Student

Have you ever been convicted or pled guilty to a crime other than a summary traffic offense:

___ No ___ Yes

If yes, please explain:

Do you have any medical conditions that you believe we should be aware of or that you believe may require special living accommodations? Disclosure is optional, and any requests for accommodations will be handled through the school's Disability Services Coordinator

Student Signature (sign or type):

Parent/Guardian signature (sign or type):

By typing or signing my name above I acknowledge that the information above is accurate and complete at the time this form was completed.

Parents must sign if the student is under the age of 18 at the time this form is completed.

For Office Use Only

CARS coding complete: _____ Deposit Received: _____ Housing Packet Mailed: _____