



Name \_\_\_\_\_ ID# \_\_\_\_\_ Box# \_\_\_\_\_

Phone \_\_\_\_\_

Living situation: (check one that apply):

On campus

Off campus/ less than 5 min

(Choose one:  Crestview,  Pinery,  Global Village,  Canyon Gardens,  Sierra Palms,  other)

Less than 10 min. away from campus  More than 10 min.  More than 30 min.

**E-mail Communications**

I understand that Azusa Pacific University will use E-mail to communicate with me regarding financial, academic, technological, and student life issues as long as I am a student here. Furthermore, I understand that it is my responsibility to read any and all E-mails sent to me by the University.

**Initial** \_\_\_\_\_

**Mailbox Communications**

I understand that Azusa Pacific University will use Student Mail boxes to communicate with me regarding financial, academic, technological, and student life issues as long as I am a student here. Furthermore, I understand that it is my responsibility to obtain a box through Student Mail Services office and also to check my mail on a regular basis.

**Initial** \_\_\_\_\_

**Student Policies**

I understand as a member of Azusa Pacific University, it is my responsibility to know and adhere to the current Student Standards of Conduct, Academic Integrity Code, Academic Catalogue as well as other policies on campus. I understand that these documents are updated from time to time and that the up to date version can be found on the University website.

**Initial** \_\_\_\_\_

I understand that it is my responsibility to adhere to all of the statements listed above while I am enrolled as a student at Azusa Pacific University.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and return to the Office of Communiversity located in the Cougar Dome**

**OFFICE USE ONLY**