

MISSISSIPPI ASSOCIATION OF COMMUNITY & JUNIOR COLLEGES

FORM 3 – RESIDENTIAL VISIT

PERSONAL DATA

Name of Student _____ Phone: _____

Address _____
(Street) (City/State/Zip) (County/Parish)

Name of Parent(s) _____ Phone: _____

Address _____
(Street) (City/State/Zip) (County/Parish)

Date of Visit _____ Hour of Visit _____

Persons interviewed:	Relationship to Student:	Phone Number:
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____

I. PHYSICAL EVIDENCE

1. Enter name of home owner _____
2. Enter type of residence: Brick (), Wood frame (), Mobile Home (), Other (), (IF other, explain on back).
3. How long has independent student/parent(s) of minor student been residing at this address _____
4. Enter other physical evidence of a permanent residence _____

II. RELATED EVIDENCE

1. Enter interview results of the following:
 - a. Parents _____

 - b. Spouse of independent student _____

 - c. Neighbor(s) _____

 - d. Others name above _____

(See Reverse Side)

III. EVALUATION: In the opinion of the investigator.

a. Does the applicant meet the residential requirements of the Association?

Yes () No ()

Comments: