



APPLICATION FOR ACADEMIC EXPERIENCE
RESIDENT PERMIT

Name _____ BANNER ID # _____

Campus Address _____ Cell Phone # _____

Vehicle License Plate # _____ Make _____ Color _____

Reason for request:

Academic experience schedule (must be traveling off-campus a minimum of 3 days per week)

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time	_____	_____	_____	_____	_____
End Time	_____	_____	_____	_____	_____
Location	_____	_____	_____	_____	_____

Applicant Signature _____

Advisor Name _____

Department _____

I have reviewed the above schedule and it is correct _____

Advisor Signature

Once this application is complete, please deliver to:

IUP Parking Services, 1090 South Drive, Clark Hall, Indiana, PA 15705, 724-357-8748

Monday to Friday, 8:00 AM to 4:30 PM

APPROVED _____

DENIED _____

SIGNATURE FROM PARB OR PARKING SERVICES

_____ DATE _____