

Office of Housing and Residential Life

Resident Student Information:

Name: _____ Cell Phone# _____

VC ID: _____ Birthday ____ / ____ / ____ Classification: _____

Do you plan to come in Fall Semester? _____ Yes _____ No

(If not, please indicate what semester below.)

Spring: _____ Yes _____ No; Summer: _____ Yes _____ No

Have you paid your \$75.00 Housing Fee? _____ Yes _____ No

Have you completed all of your Financial Aid forms? _____ Yes _____ No

Do you know who you want your roommate to be? _____ Yes _____ No

(If yes, please indicate their name below.)

Roommate 1st Choice: _____ 2nd Choice: _____

Has the person you requested paid their housing fee and requested you? This will make a difference for your choice if they haven't done it too.

Do you have any disabilities confirmed with a letter from you doctor? ? _____ Yes _____ No

Do you sleep with music /TV on? Yes _____ No _____ Sometimes _____

Do you smoke? _____ Yes _____ No

Do you sleep with the light on? Yes _____ No _____ Sometimes _____

Residential Rooms are limited. Extra space will not be saved for anyone. The rooms are given according to first come.

You must have paid for your room and follow through the admission process to receive the proper paper work to move into the residence halls.