

Housing Application

Please print in black ink.

01. _____
Last name

First name MI

Student e-mail _____

Cell phone () _____

02. _____ - _____ - _____
Social Security number

03. Gender: _____

04. Student indicated above is

- Incoming freshman Transfer student Graduate Student-Must be enrolled
(24 college credits or more)

05. Semester for which you are applying

- Fall 2009 Spring 2010 Summer 2009/Fall 2009/Spring 2010 (AAC grad housing only)

06. Special medical needs: Students must complete the Special Housing needs request form **prior to June 12** to be considered for medical placement. Appropriate medical documentation must be presented for medical consideration. We do our best to place students based on documented need.

7a. Roommate request (both students must request each other):

Last name

First name MI

7b. Last four digits of roommate social security number _____

08. Hall type (please indicate first, second, and third choices in order of preference)

- Complexes A–D (freshmen only)
 Complexes E–F (freshmen and transfer students)
 Hawk Hall: Residential Learning Community (freshman only)
 Regents Park (transfer students only)
 Park River (transfer students only)
 Village Apartments (transfer students only)
 AAC Townhouses (enrolled graduate students only)

09. Would you prefer to live with someone who has similar academic interests? yes no
10. Do you use tobacco of any kind? yes no
11. Can you live with someone who uses tobacco? yes no
12. Do you wake up early? yes no
13. Do you stay up late? yes no
14. Do you consider yourself a quiet person? yes no
15. Do you plan to study in your room? yes no
16. Are you a neat person? yes no
17. Music preference (check only one)
- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Jazz |
| <input type="checkbox"/> Classical | <input type="checkbox"/> R&B |
| <input type="checkbox"/> Country | <input type="checkbox"/> Rap/Hip-Hop |
| <input type="checkbox"/> Hard Rock | <input type="checkbox"/> Top 40/Soft Rock/Oldies |
18. Meal membership (all residential students are required to participate in a meal membership-Except AAC Town House Graduate Students)
- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Premium Plus | <input type="checkbox"/> Flex | <input type="checkbox"/> No Meal Plan(AAC Graduate Students Only) |
| <input type="checkbox"/> Premium | <input type="checkbox"/> Freshman Exclusive | |
19. Check if you are interested in kosher meal options.

Permanent or Emergency Contact Information

Parent's/Guardian's name _____
Last First

() () ()

Home phone Work phone Cell phone

Parent's/Guardian's e-mail (1) _____ (2) _____

Home address _____
Street

City State or Country ZIP