



Before completing submitting this application, please review the New Resident Housing Application Process for International Students

PLEASE PRINT CLEARLY

I am submitting this application for housing beginning, Academic Year (i.e. 2020-2021) : _____

Term (choose one) : Summer Fall Winter J-Term Spring WCUCOM Fall WCUCOM Spring

Summer Applicants: May Term 1 May Term 2 1st Five Weeks 2nd Five Weeks 10 Weeks

Name (Last, First, Middle) : _____ Student ID Number: _____

Gender: Male Female Age: _____ Date of Birth: _____ / _____ / _____

Major: _____ Classification: Freshman Sophomore Junior Senior Graduate Student WCUCOM

Mobile Phone: (____) _____ - _____ Personal email: _____

Do you have any special needs/medical concerns that requires special housing: No Yes (If yes, please explain)

Does your condition require use of a disability/handicap accessible room? No Yes
(Note you will need to file an application with the Office of Disability Services)

Mark your preferences below.

<p>My Residence Hall Preferences Rank your 1st, 2nd, and 3rd choice:</p> <p>Men's Residence Halls <input type="checkbox"/> Futral (Inclusive Style) <input type="checkbox"/> Braswell (Suite Style) <input type="checkbox"/> Bryant (Community Style) <input type="checkbox"/> Polk (Community Style) <input type="checkbox"/> Penton Apartment (WCUCOM only)</p> <p>Women's Residence Halls <input type="checkbox"/> Davis (Inclusive Style) <input type="checkbox"/> Byrd (Suite Style) <input type="checkbox"/> Ross (Suite Style) <input type="checkbox"/> Johnson (Suite Style) <input type="checkbox"/> Bass (Community Style)</p> <p>Private Room Request <input type="checkbox"/> Add me to the waiting list for a private room in _____ Hall.</p> <p><i>Note: Private rooms are not guaranteed. When available private rooms are only available in Community Style Halls.</i></p>	<p>My Requested Roommate/Suitemates (Requests will only be honored if all parties make the same request.)</p> <p><u>Roommate</u> Name: _____ Student ID# _____</p> <p><u>Suitemate(s)</u> Name: _____ Student ID# _____</p> <p>Name: _____ Student ID# _____</p>	<p>My Meal Plan Choice</p> <ul style="list-style-type: none"> All residential students are required to have a meal plan. Any unused meals will expire at the end of each week for students on the trimester schedule; for osteopathic medicine students on the semester schedule meals expire at the end of the academic year. <p>Undergraduate/Graduate Options Choose one: <input type="checkbox"/> 12 Meals <input type="checkbox"/> 14 Meals <input type="checkbox"/> 20 Meals</p> <p>WCUCOM Options Choose one: <input type="checkbox"/> 50 Meals <input type="checkbox"/> 100 Meals <input type="checkbox"/> 150 Meals <input type="checkbox"/> 200 Meals <input type="checkbox"/> 250 Meals</p>
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Tell us about yourself!

This info is used to help us match you with a roommate if you do not request a specific person

Country of citizenship: _____ Talent or WCU Team Affiliation: _____

Do you smoke? (Note: All WCU campuses are tobacco free.) Never Sometimes Frequently

Occasionally we may send you a text message on your mobile phone if we have an important message for you or in case of an emergency. If we may send you a text message, list your mobile carrier (AT&T, Verizon, T-Mobile): _____

When do you prefer to go to bed? Before 10 Between 10 and midnight Midnight or later

What type of sleeper are you? Heavy Sleeper (it takes a lot of noise to wake me) Light (I'm easy to awaken)

Which best describes your wake pattern? Early Riser Late Sleeper

When do you plan to study? before midnight about midnight after midnight evenings afternoon morning

Where do you prefer to study? your room library other(study lounge)

How do you prefer to study? in quiet with some background noise with music/TV

How clean do you keep your room?
Clean & Organized: Everything has a place
Somewhat clean & organized: At least things look neat
Messy: As long as my things are in my room, I don't care

How close do you want to be to your roommate?
We do a lot together
We hang out frequently/occasionally
We respect each other and peacefully coexist

What are your hobbies?

Agreement of Understanding:

- By submitting this housing application, an assignment is expected for this term. I understand that assignments automatically roll over each term (Fall-Spring) and cancellation of application/assignment must be made in accordance with the housing agreement in order to receive refund of any fees or housing prepayment.
- By signing this form, I submit my intent to reside in on-campus housing at William Carey University. I, therefore, authorize the Residence Life and Housing Department to imprint a temporary signature on the Housing Agreement and manually process housing and meal plan assignments on my behalf. I, therefore, authorize the University to make the selected room and board charges to my student account.
- I am aware that that any unused meals will expire for osteopathic medicine students at the end of the academic year, and for all other students at the end of each week.
- I authorize the Housing Department to release my information to my assigned roommate/suitemate (s) if applicable.
- I acknowledge that I must revisit the application and sign the housing agreement via my housing portal prior to checking in/ Move In Day.
- By signing this form, I agree to abide by the code of conduct and other policies as stated in *The Translation*.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Admissions' Status _____ THD Confirmed _____ THD Room Assigned _____ THD Meal Plan _____

Notes:

Expedite your Check-in Process!

Submit the following required information with your housing application .

Check-In Process: Prior to moving into your room, you must have the following information updated in the MyHousing (THDSS) Portal. You will be unable to obtain your room key until this information is on file.

Update your Emergency Contact Information. In an emergency, it is easy to "forget" even the most well-known information. Emergency Notification permits the University to contact you effectively in the event of a natural disaster or other emergency, or to contact a designated person on your behalf if you are in an accident or medical emergency.

Complete the Missing Person Contact Information with the person you would like to be contacted should you be deemed missing. This contact person can be the same as your emergency contact. Emergency Contact and Missing Persons Information are required fields and must be completed prior to checking into your assigned room.

Required Emergency Preparedness Questions & Contact Information

Do you have alternate housing in the event of a campus closure due to extreme weather (e.g., hurricane)? No Yes

Do you have health insurance? No Yes If yes, list your policy information.

Health Insurance Company: _____ Policy number: _____

Emergency Contact (REQUIRED)		Missing Person Contact (REQUIRED)	
		If same as Emergency Contact, mention that in the Contact Name field below.	
Contact Name:		Contact Name:	
Relationship:		Relationship:	
Street Address:		Street Address:	
City:		City:	
Country:		Country:	
State:		State:	
Zip Code:		Zip Code:	
Phone Number:		Phone Number:	
Email Address		Email Address	

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Notes: