

M.V.C.C. RESIDENT SUMMER APPLICATION FORM

Name _____
Last First Middle Initial

Permanent Address _____
Street Apt.

_____ City State Country (if other than U.S.) Zip Code

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-Mail _____ Date of Birth ____/____/____

M# _____ (MVCC Students Only) Sex ___M ___F Height _____

Why do you require summer Residence Hall housing?

MVCC CLASS: I have class the following Session(s):

Circle All That Apply: 1st Six Week Session 2nd Six Week Session 1st Eight Week Session
Full Term Other _____

INTERNSHIP: Location: _____

OTHER REASON: _____

Requested move in date: ____/____/____ Departure Date ____/____/____ (Answer is required)

Parental or Guardian Information: *Parent/Guardian information is required, if you are Under 21 **OR** if you were required to provide parent/guardian information when applying for Financial Aid.

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Guardian Name (if not parent) _____

If no parent/guardian resides at the permanent address above **or** if you would like to provide an alternate parent/guardian address, please answer below? (We consider permanent address the official address for communications)

_____ Name Street City State Zip Code

Person to contact in case of emergency: (A Parent, Guardian, Other Relative, etc.)

Name _____ Relationship to student _____

Phone(_____) _____ (_____) _____ (_____) _____
Day Night Cell

The Higher Education Opportunity Act requires that, in addition to the above emergency contact, you have the option to confidentially identify a different individual to be contacted in the event you are reported as a "missing student." To identify an individual to be contacted in that case **INSTEAD** of the person above, please note:

Name _____ Phone (_____) _____ Relationship _____

Are you presently under parole, conditional release, domicile restriction or county supervision, to include probation, conditional discharge or ACD (Adjourned in Contemplation of Dismissal)? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

Have you been dismissed from a College or Residence Hall for other than academic reasons? Yes ___ No ___

Do you have a health condition/disability that you want Residence Hall Staff to be aware of?
Yes ___ No ___ Explain _____

Will you be taking any prescription medication that you want Residence Hall staff to be aware of?
Yes ___ No ___ Explain _____

Will you require any special accommodations due to a health condition or disability? Yes ___ No ___
Explain _____

ROOMMATE ASSIGNMENTS

Please answer each item below on your own, **as the student**. Be honest to reflect your needs and preferences. You should complete this section even if you are applying with a roommate, as many people cancel their request for housing. ROOMMATE SELECTION ACCORDING TO RACE, COLOR, CREED, RELIGION, AGE, DISABILITY, SEXUAL ORIENTATION, NATIONAL ORIGIN OR ANCESTRY IS PROHIBITED.

	Yes	No
I am a smoker.		
I go to bed before midnight (weekdays).		
I wake up early (before 9:00 a.m. on weekdays)		
I need an organized/orderly/neat room.		
The type of music I listen to most: (Mark only one)		
___ Alternative	___ Country	___ Hard Rock/Metal
___ Pop/Top 40	___ R+B/Hip Hop	___ Rap
___ Religious	___ Other	_____

Room Preference: ___ Double ___ Single **NOTICE: Single rooms are VERY limited and will be assigned on a first come, first served basis. Students who request a single will be placed in a double room if all singles are occupied.**

Interests, hobbies & activities: (for example, watching sports, reading, T.V., video games, playing a sport)

I have a specific roommate request: Yes ___ No ___ Names(s) _____
(Have the person(s) list you on their form also.)

Other preferences _____

I hereby acknowledge that I have read, understand and will abide by the MVCC DORMIOTRY CORPORATION RESIDENCE HALL SUMMER ROOM AGREEMENT. I understand that any proven falsification on this form will result in denial of housing privileges.	
Signature _____	Age _____ Date _____
Parent/Guardian Signature _____	Date _____
(Required if under 18 years of age)	