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 (_____) _____-_____ Student Cell Phone (_____) _____-_____

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

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

Why do you require summer Residence Hall housing?

MVCC CLASS: I have class the following Session(s):
Circle All That Apply: 1st Five Week Session 2nd Five 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

Office Use Only D P H B N _____
SD S Room
Smoker Yes No Director note_____
Damage Dep. Rec'd _____ CA/CH/MO/CC/CO
Housing Conf. E-Mail: Yes No Director Approval _____ Date _____

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? 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)