

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, honestly, to reflect YOUR OWN NEEDS (yes, no) in that area. You should complete this section even if you are applying with a roommate, as many people cancel their request for housing. **MATCHING 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 __Soft Rock __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)