

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)		
<input type="checkbox"/> Alternative <input type="checkbox"/> Country <input type="checkbox"/> Hard Rock/Metal <input type="checkbox"/> Pop/Top 40 <input type="checkbox"/> R+B/Hip Hop <input type="checkbox"/> Rap <input type="checkbox"/> Religious <input type="checkbox"/> 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 DORMITORY 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)	