Semester:	IARVIS
Year:	CHRISTIAN COLLEGE

HOUSING APPLICATION

Last Name:		First Name:		_ M.I.:	
Birth Date://	<u></u>	Gender: Male	Female		
Permanent Mailing Address:	-				
City:		State: Zip	Code:		
Email Address:		Cell Phone: ()			
Home Phone: ()	- 1	Classification:	Freshman Junior	Sophomore Senior	
Are you a transfer student?:	Yes	No			
List Preferred Roommate:	First Name	Loc	t Name	<u> </u>	
List Preferred Roommate Emai Unless otherwise indicated by m name, email address and phone arrival.	arking the spac	ce below, the Office of Stud	ent Services wil		
☐ I do <u>NOT</u> give permission to	release my nar	ne and contact information	to my future ro	ommate.	
Residence Hall Preference:					
1st choice		2 nd Choice	3 rd Choi	ice	
Housing Deposit: New and transfer students must particular that the Housing is assigned on a first common May (Fall & Spring). Summer home	ne, first serve bas	sis. The duration of the hous	ing contract is fro	om August to	
Student Signature		Date			
	For	Office Use Only:			
Date Received:	ID Number	Housing Assi	onment:		