Housing Application

Capitol College, Laurel Maryland

FOR OFFICE USE ONLY
Date received: _____
RM: S D T
APT:
RM NO:
P.O.BOX NO:

IMPORTANT – PLEASE READ BEFORE COMPLETING FORM

To apply for college housing for the first time, complete this form and return it to the Residence Life Office with the $200 security deposit. To renew an application for college housing, complete this form and return it to the Residence Life Office with $50 room reservation fee.

PERSONAL INFORMATION

Last Name _____ First _____ Middle Initial_____

❑ Male ❑ Female Date of Birth_____

Permanent Address_____

City _____ State_____ ZIP Code_____ Telephone_____

Current Address_____

City _____ State_____ ZIP Code_____ Telephone_____

Class Standing: ❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior

Registration Status: ❑ New freshman ❑ New Transfer ❑ Continuing student

Country of Citizenship _____

Email Address _____

RESIDENCE PREFERENCE

First-time students are typically assigned to a triple.

Semester and year that I am seeking housing _____ Bedroom Preference: ❑ Single ❑ Double ❑ Triple

Name(s) of preferred roommate(s), if any _____

Name(s) of preferred apartment mate(s), if any _____

_____

LIFESTYLE

All apartments are nonsmoking.

I plan to study mostly: ❑ In my campus room ❑ In the library

I study best with: ❑ Absolute quiet ❑ Low background music ❑ Noise

My room is usually: ❑ Neat ❑ Somewhat neat ❑ Doesn't matter

Do you smoke? ❑ No ❑ Yes Will you have a car on campus? ❑ No ❑ Yes

Do you mind sharing an apartment with someone who smokes? ❑ No ❑ Yes

I usually go to bed around: ❑ 9 pm ❑ 10 pm ❑ 11 pm ❑ Midnight ❑ After midnight

HEALTH INFORMATION

Do you have any physical disabilities that should be considered in assigning you a room? ❑ No ❑ Yes

If yes, please specify _____

Do you have health insurance? ❑ No ❑ Yes

If yes, name of health insurance and policy number _____

RESIDENCE INFORMATION RELEASE

In accordance with the Family Education Rights and Privacy Act of 1974, it is Capitol College's policy not to release any personal information about students. Your apartment, room number and telephone number will not be released to persons attempting to locate you without your permission. Please indicate as follows:

❑ Make my residence information available ❑ Do not release my residence informtaion

May we mail your assigned apartment mates your current address? ❑ No ❑ Yes

May we mail your assigned apartment mates your current phone number? ❑ No ❑ Yes

May we mail your assigned apartment mates your current email address? ❑ No ❑ Yes

EQUAL OPPORTUNITIES

Capitol College actively subscribes to a policy of equal educational and employment opportunity and, in accordance with Title IX of the education amendments of 1972, does not discriminate on the basis of race, color, sex, handicap, religion, national or ethnic origin in admission, treatment of students or employment.