

PART 2: BUILDING PREFERENCE

(Please indicate your choice of residence hall preference on the line by placing a 1 for first choice, 2 for second choice, and 3 for third choice)

- | | |
|--|--|
| <input type="checkbox"/> Asbury – Freshmen – Females | <input type="checkbox"/> SRC North – Junior, Senior - Females |
| <input type="checkbox"/> Corson – Freshmen, - Females | <input type="checkbox"/> SRC West – Junior, Senior - Females |
| <input type="checkbox"/> Dunton – Sophomore - Females | <input type="checkbox"/> SRC East – Junior, Senior - Females |
| <input type="checkbox"/> Kleist – Honor’s College – Females | <input type="checkbox"/> SRC South – Honors College, Seniors- Male |
| <input type="checkbox"/> High Rise – Freshmen, Sophomore, Junior, Senior - Males | <input type="checkbox"/> Millwood – Males or Females |

PART 3: ROOMMATE PREFERENCE

(Please indicate roommate preference)

- A. I have no roommate preference
- B. My choice of roommate/ suite mates is indicated below (**Preferred roommates must submit applications to the Office of Residential Life at the same time. Please be advised that roommate requests can only be honored if space is available and paid at the same time.**)

ROOMMATE’S NAME: _____
(Last) (First) (Middle)

ROOMMATE’S NAME: _____
(Last) (First) (Middle)

ROOMMATE’S NAME: _____
(Last) (First) (Middle)

PART 4: OTHER INFORMATION

- A. Do you have a disability that requires special accommodation? Yes No
If yes, please attach information about your disability including verification from your personal physician.
- B. Have you previously applied for housing at Claflin University? Yes No

PART 5: REQUIRED SIGNATURE(S)

I understand that by signing below that it is expected that I reside in Claflin University housing for the entire academic year. I understand my preferences for residence halls and roommate will be honored if possible, but cannot be guaranteed. By signing below, I agree to respect and adhere to all policies and procedures of the Office of Residential Life and the Claflin University Student Code of Conduct.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If student is under 18 years of age)