



Claflin University

STUDENT HOUSING APPLICATION
20 ____ - 20 ____ Academic Year

RETURN TO:
Claflin University – Office of Residential Life
114 Campus Center
Orangeburg, SC 29115

THIS BOX IS FOR OFFICE USE ONLY

Application Received:

Application Fee Receipt # _____ Date _____

Confirmation Fee Receipt # _____ Date _____

Hall/Room Assignment:

Hall: _____

Room: _____

Deposit: _____

Staff Sign: _____

Date: _____

CHOOSE ONE: Fall Spring Summer

PLEASE NOTE: A non-refundable application fee of \$60.00 in the form of cash, money order, or a certified check must be made payable to Claflin University. No personal checks will be accepted.

PART 1: STUDENT APPLICATION INFORMATION

Please Print or Type:

NAME: _____
(Last) (First) (Middle)

HOME ADDRESS: _____
(Please include street/box number)

HOME PHONE #: _____
(City) (State) (Zip Code)

CELL PHONE #: _____ EMAIL ADDRESS: _____

SOCIAL MEDIA AFFILIATION: _____ FB _____ IG _____ SC _____ Twitter

STUDENT ID#: _____ AGE: _____ DATE OF BIRTH: _____ GENDER: M F

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____
(Please include street/box number)

(City) (State) (Zip Code)

PARENT/GUARDIAN HOME TELEPHONE #: _____

PARENT/GUARDIAN WORK #: _____

STUDENT STATUS AT CLAFLIN IN FALL/SPRING 20____ (Check all that applies)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> New Freshman | <input type="checkbox"/> Transfer Student | <input type="checkbox"/> Re-Admit Student | <input type="checkbox"/> Graduate Student |
| <input type="checkbox"/> Advanced Freshman | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Junior | <input type="checkbox"/> Senior |

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)

__ Asbury – Freshmen – Females

__ Corson – Freshmen, - Females

__ Dunton – Freshmen, Sophomore - Females

__ Kleist – Honor’s College – Females

__ High Rise – Freshmen, Sophomore, Junior, Senior - Males

__ Claflin Commons (1) - Sophomore, Junior, Senior – Males

__ SRC North – Sophomore, Junior, Senior - Females

__ SRC West – Sophomore, Junior, Senior - Females

__ SRC East – Senior – Females

__ SRC South – Honors College, Freshman, Sophomore, Junior, Senior- Males

__ Claflin Commons (2) – Sophomore, Junior, Senior – Females

__ Same Room Applicant: Residence Hall _____ Room # _____

PART 3: ROOMMATE PREFERENCE

(Please indicate roommate preference)

A. I have no roommate preference Major: _____

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. **Disabilities:** 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. **Learning Communities:** Are you a participant in a learning community? Yes No
If yes, please list: _____

C. **Student Athlete:** Are you a Claflin University Athlete? Yes No
If yes, please list sport: _____

D. **Honor’s College:** Are you a member of the Alice Carson Tisdale’s Honor’s College? Yes No
If yes, please list your classification: _____

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. _____ (Int).

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(If student is under 18 years of age)