



HOUSING APPLICATION 2016-2017

The housing application will be processed as soon as the enrollment deposit is received. Housing assignments are made according to a variety of factors including the date this application is received. Please return this application as soon as possible.

Please complete this form in **print** and return to:

Office of Admissions
Midland University
900 N Clarkson
Fremont, NE 68025

Semester Entering College:

- Fall 2016
 Interterm 2017
 Spring 2017

Choose one: New Student/Transfer

- Freshman (1st Year)
 Sophomore (2nd Year)
 Junior (3rd Year)
 Senior (4th Year)

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip Code

Cell Phone: _____ Home Phone _____

E-mail Address: _____ Date of Birth: _____ Age: _____ Gender: M / F

Parent's Name (Guardian): _____

Housing Plans: To promote strong community, Midland University has a two-year (four semester) residency requirement.

Housing Options: Please rank your preference.

Freshman-1st year

- Benton (female only)
 Beegle
 Men's (male only)

Sophomore-2nd year

- Augustine
 Gunderson
 Atchison/Lund Apts

Junior-3rd year

- Atchison/Lund Apts
 Olson Village Apts

Senior-4th year or 21-25 yrs old

- Olson Village Apts

Meal Plan Selection: Please mark your selection.

(All on-campus students **must** carry a meal plan.)

- 05 meals per week + \$50 Warrior Bucks \$976/semester (apartments only)
 10 meals per week + \$50 Warrior Bucks \$2107/semester
 15 meals per week + \$50 Warrior Bucks \$2253/semester
 20 meals per week + \$50 Warrior Bucks \$2332/semester
 10 meals per week + \$600 Warrior Bucks \$2332/semester

Housing Costs

- Beegle, Benton, Men's, Augustine, Gunderson \$1687/semester
 Atchison/Lund Apartments \$3117/semester
 Olson Village Apartments \$2840/semester

Required residency may be waived if you meet one of the criteria to live off-campus. If you meet requirements to live off-campus, you must request and submit an off-campus request form (Form 5-23D)

Those criteria are:

- *You are married
- *You have dependent child(ren) living with you
- *You are over the age of 21 by the first day of the semester
- *You have four semesters of prior on-campus living
- *You are living full-time with your parent/guardian who resides within a 30 mile radius of campus (Forms 5-23D and 5-27E)



ROOMMATE PREFERENCE FORM

YOUR LAST NAME _____ YOUR FIRST NAME _____ AGE _____ GENDER M / F

If you have a roommate request, please write his/her name below. We will try our best to fulfill your request. Please note your roommate MUST make a reciprocal request to confirm housing placement together.

I'm requesting to live with: _____

My planned major is: _____

Have you committed to play a Midland University Collegiate Sport: Y/N If yes, which sport? _____

Are you a member of the ART's program at Midland University? Y/N

Of the twelve (12) qualities listed below, select the three (3) you prefer most in a roommate:

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> quiet | <input type="checkbox"/> outgoing | <input type="checkbox"/> reserved | <input type="checkbox"/> athletic | <input type="checkbox"/> spiritually sensitive |
| <input type="checkbox"/> neat | <input type="checkbox"/> messy | <input type="checkbox"/> musical | <input type="checkbox"/> morning person | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> artistic | <input type="checkbox"/> social | <input type="checkbox"/> studious | <input type="checkbox"/> night owl | |

Special request: _____

I am a: late night person very neat person moderately neat person
 early morning person messy person moderately messy person

Type of music I enjoy most: _____

Do you smoke? Yes No If no, would you be open to having a roommate that smoked? Yes No
(Residence Halls are smoke-free)

Do you have any medical concerns or physical limitations that would be helpful for the Residence Life Staff to know about for placement purposes? If yes, please explain.

Will you have a vehicle on campus with you? Yes/No This information helps us assign parking permits.

(OFFICE USE ONLY)

DATE RECEIVED: _____ DATE PLACED: _____ ADMISSIONS COUNSELOR: _____

HALL: _____ ROOM: _____ ROOMMATE(S): _____

DEPOSIT RECEIVED: Y/N NOTIFIED: Y/N