



Housing Placement - Office Use Only: \_\_\_\_\_

## Housing and Residence Life Residence Hall Application

Please complete this form in its entirety. Thank you!

### SECTION 1

Student Last Name			ID Number
FR	SO	JR	SR
Class Standing			
Fall		Spring	
Start Date:		Semester	20__
		Year	

### SECTION 2: Student's Personal Information

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Preferred Name, If Different Than "First Name"

\_\_\_\_\_  
Permanent Address City State ZIP

( ) / / years old  
Phone Date of Birth Age Gender

\_\_\_\_\_  
Personal E-mail Address

#### Please check all that apply:

- New Student
- Transfer Student
- Student Athlete: Sport? \_\_\_\_\_
- Readmitted Student
- Institute for Women in Leadership (IWIL)
- Requesting housing accommodations due to a disability or medical condition.\*

*\*If you require housing accommodations due to a disability or medical condition, please contact Davis Smith, Disability Specialist ([smithrd@brevard.edu](mailto:smithrd@brevard.edu)), for information about our housing accommodations process and to obtain a copy of our request form (entitled "Documentation of Medical Need for Housing Accommodations"). Examples of qualifying conditions may include, but are not limited, to allergic rhinitis, asthma, diabetes, surgical recovery, impaired mobility, and hearing or vision impairments.*

### SECTION 3: Roommate/Suitemate Requests (Honored as space is available - students must request one another in personal applications)

\_\_\_\_\_  
Roommate (Name, BC Student ID #)

\_\_\_\_\_  
Suitemate 1 (Name, BC Student ID #)

\_\_\_\_\_  
Suitemate 2 (Name, BC Student ID #)

### SECTION 4: Emergency Contact Information

\_\_\_\_\_  
Student's Cell Phone Number

\_\_\_\_\_  
Name of Emergency Contact (Parent/Guardian) Emergency Contact Cell Phone Number (Parent/Guardian)

*I understand that this information will be used exclusively for emergency and other priority notifications by Brevard College. I understand that if I refuse to provide my contact information, I cannot be notified in case of an emergency or crisis on campus.*

\_\_\_\_\_  
Student Signature Date

**Please return this form to:  
Office of Residence Life and Housing, Campus Life, Brevard College, One Brevard College Drive, Brevard, NC 28712**



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## Housing and Residence Life Roommate Matching Questionnaire

Please complete this form in its entirety. This information will be used to make your initial housing assignment and/or to assign you a roommate at any point during the academic year. Thank you!

### SECTION 1

Student Last Name		ID Number	
FR	SO	JR	SR
Class Standing			
	Fall	/	Spring
Start Date:	Semester		20__
			Year

### SECTION 2

How early are you asleep on most weeknights (Sunday-Thursday)? \_\_\_\_\_ Early to Bed \_\_\_\_\_ Late to Bed

How early are you asleep on most weekends (Friday-Saturday)? \_\_\_\_\_ Early to Bed \_\_\_\_\_ Late to Bed

How late do you sleep in on most weekdays (Sunday-Thursday)? \_\_\_\_\_ Early to Rise \_\_\_\_\_ Late to Rise

How late do you sleep in on most weekends (Friday-Saturday)? \_\_\_\_\_ Early to Rise \_\_\_\_\_ Late to Rise

### SECTION 3

Are you a smoker? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you use smokeless tobacco? \_\_\_\_\_ Yes \_\_\_\_\_ No

You expect that your room will be:

\_\_\_\_\_ Very Neat \_\_\_\_\_ Reasonably Neat \_\_\_\_\_ On the messy side

Your room is:

\_\_\_\_\_ A quiet place to study \_\_\_\_\_ Used for social purposes \_\_\_\_\_ Both (50% of each)

With what level of music or background noise (people, TV, etc.) can you concentrate?

\_\_\_\_\_ Low \_\_\_\_\_ Medium \_\_\_\_\_ High

Music Preferences: \_\_\_\_\_

### SECTION 4

What is your intended Major (area of study)? \_\_\_\_\_

What adjectives listed below best describe you? (Check all that apply)

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Outgoing          | <input type="checkbox"/> Reserved          | <input type="checkbox"/> Funny          | <input type="checkbox"/> Helpful     |
| <input type="checkbox"/> Intuitive         | <input type="checkbox"/> Love the Outdoors | <input type="checkbox"/> Unconventional | <input type="checkbox"/> Kind        |
| <input type="checkbox"/> Artistic/Creative | <input type="checkbox"/> Active            | <input type="checkbox"/> Loud           | <input type="checkbox"/> Quiet       |
| <input type="checkbox"/> Musical           | <input type="checkbox"/> Athletic          | <input type="checkbox"/> Easygoing      | <input type="checkbox"/> Patient     |
| <input type="checkbox"/> Intelligent       | <input type="checkbox"/> Meditative        | <input type="checkbox"/> Adventurous    | <input type="checkbox"/> Dedicated   |
| <input type="checkbox"/> Stubborn          | <input type="checkbox"/> Love to Party     | <input type="checkbox"/> Earthy         | <input type="checkbox"/> Energetic   |
| <input type="checkbox"/> Spontaneous       | <input type="checkbox"/> Open              | <input type="checkbox"/> Eclectic       | <input type="checkbox"/> Other _____ |