Central College 1853

RESIDENCE LIFE HOUSING APPLICATION

New First-Year Students

First Name:_____MI:_____

Last Name:_____

Preferred Name (Nickname):_____

Home Address:_____

City:_____State:_____Zip:_____

Cell Phone:_____

Birth Date:_____Gender:_____Male_____Female

Mother's Name:_____Father's Name:_____

Meal Plan Selection: _____ Red (19 meals per week plan) ___ Silver (14 meals per week plan)

Entering Semester: _____ Fall (August) _____ Spring (January)

RESIDENCE HALL PREFERENCES:

Please rank your most desirable choice (1) to the least desirable (5).

All first year students will be placed in residence halls. Assignment preferences are honored in order of the housing application receipt date. No housing deposit is required to complete the housing form. Specific room accommodations may be requested on the back side of this application but are not guaranteed.

Female Choices:

1	2	3	4	5	Graham Hall (all female)
1	2	3	4	5	Pietenpol Hall (female and male by floor)
1	2	3	4	5	Scholte Hall, suite style room (female and male by floor)
1	2	3	4	5	Scholte Hall, center room (female and male by floor)
1	2	3	4	5	Gaass Hall (female and male by floor)

Male Choices:

1	2	3	4	5	Hoffman Hall (all male)
1	2	3	4	5	Pietenpol Hall (female and male by floor)
1	2	3	4	5	Scholte Hall, suite style room (female and male by floor)
1	2	3	4	5	Scholte Hall, center room (female and male by floor)
1	2	3	4	5	Gaass Hall (female and male by floor)

Single Room Requests:

Please indicate a need for a single room (A limited number of single rooms are available in Hoffman and Graham Halls.)_____

I have physical or health conditions(s) which require special attention. Yes / No

Specify Condition(s): _____

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I require air conditioning. Yes / No

Students who request a room with air conditioning will be assigned to Scholte or Graham Halls. Documentation from a physician must be sent in with this application to show need.

Roommate Preference

Name_____Roommate Hometown_____

Your honesty in answering these questions is crucial to providing you with a good match!

1. Do you smoke/vape? Yes / No Do you object to living with a roommate that smokes/vapes? Yes / No
2. I feel most comfortable when my room is (circle one): Neat / Slightly Messy / Very Messy
3. Do you consider yourself a morning or night person (circle one)?: Morning / Night / Both
4. I generally need _____ hours of sleep each night.
5. When I study, I (circle one):
   Require absolute quiet / Like low background noise or music / Am able to tune out most noises
6. I plan to do most of my studying (circle one): In my room / Somewhere else
7. The types of music I listen to most often:

Pop/top 40	Alternative	Classical	Christian Rock	Rap
Hard rock/metal	Jazz	Country	House/dance/club	

8. I plan to major in:_____
9. Please list the co-curricular involvements, hobbies and interests you have:_____
   _____
   _____
10. Would you like to live with someone with the same co-curricular involvement as you? Y / N
    If yes, which activity is most important?_____
    _____
11. Please share what you're looking for in a roommate, what you think is most important to you when matching with a roommate, and any additional information you feel we should consider as we work to assign you a roommate:_____
    _____
    _____
    _____
    _____

Please return form by May 10, 2023.