 Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_

AUA ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dormitory Room Application**



**Priority will be given to those applications completed prior to August 25.** International and regional students will receive higher priority.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_\_ | | | | | |  |
|  | Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
| Place | City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_  M | | | | |  F |  |
| Snapshot |  |  |  |  |  |  |  |
| Photo Here | Home Phone Number ( \_\_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ | | | Cell Phone Number ( \_\_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_ | | |  |
|  |  |  |  |  |  |  |  |
|  | E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
|  | Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (A written permission from parents is required to live in the dormitory if you are below 18 years of age.) | | | | | |  |
|  | Enrollment Date:  Fall |  Spring |  Summer |  Winter | 20\_\_\_ |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applying as:  Freshman |  Sophomore | |  Junior |  Senior | |  International Student  Graduate Student | |  |
| Have you previously been a residential student at AUA?  Yes | | | | |  No |  | If so, what semester and year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Marital Status:  Single |  Married |  Divorced | |  Widowed | | | Do you have dependent children?  Yes |  No |

Parent(s) or legal guardian(s) name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation of father or legal guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Occupation of mother or legal guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Address, if different than above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to be notified in case of emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_\_\_ Work Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_\_\_ Other Number ( \_\_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_

High School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your personal hobbies and interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended major at AUA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your first and second choice preference of room types:  single  double  triple

Do you have a physical disability for which you would like to request special housing accommodations?  Yes  No

If so, please explain: ***(You are not required to disclose information about a disability. The disclosure of such information is entirely voluntary.)***

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

***Please return to Office of AUA Services, Room # 418M. Tel. (060) 61-25-06.***