

DCC STUDENT LIVING COMPLEX APPLICATION



This form is to be completed and returned with a housing deposit of \$150 to: Office of Admissions, DCC, P.O. Box 421, Glendive, Montana 59330. Provide credit card information or enclose your check made out to Dawson Community College.

Last Name: _____ First Name: _____ Middle Name: _____

Permanent Home Address: _____
Street City State Zip

Permanent Phone #: _____ Email Address: _____

Please reserve an apartment for me beginning: Fall Term _____ Spring Term _____

Freshman _____ New student _____ Transfer student _____ Sophomore _____ Returning to DCC _____

Gender _____ Birthdate ____/____/____ Planned field of study? _____

Do you study with music? _____ Other preferences: _____

Preferred roommate (if any, list) _____

Roommate request honored on first come first served basis.

Do you have any disabilities which would affect your room assignment? _____

If yes, please submit a request for accommodation with this application or contact DCC's Director of Student Support Services at 1 800 821 8320 for more information. Montana Human Rights commission at 1 406 444 2884 or 1 800 542 0807, TTD 1 406 444 0532 and MT Fair Housing at 1 800 929 2611 are available for issues related to housing.

Residency Requirement: All full-time students with fewer than 30 total credits hours or receiving direct scholarship from DCC are required to live in the residence halls space permitting. Exceptions may be granted under certain circumstances.

I understand that no room refunds will be made if I move out of the DCC Housing Complex during the semester. Upon checkout, I understand that my \$150 housing deposit, minus any charges, will be refunded provided I check out properly with the Housing Supervisor who will inventory the apartment and its furnishings, and that I sign all appropriate forms.

To be assigned to an apartment, the student must have been admitted to Dawson Community College. College application available www.dawson.edu or call 1 406 377 9411.

NOTE: For cancellation of the reservation and refund of the deposit submit written notification up to 25 days before the beginning of scheduled semester of residence to the Director of Housing.

I have read, understand and agree to the terms and conditions of the application agreement.

Signature of Applicant _____ Date _____

Signature of Parent (if applicant under eighteen) _____ Date _____

A room assignment confirmation and roommate letter will be mailed to you a month prior to the start of the term.

DCC Office Use Only	Receipt # _____	Apartment # _____	Assigned with
_____, _____, _____.			