

 $1.800.821.8320 \mid Fax\ 406.377.8132 \mid www.DAWSON.edu$

Campus Housing Application

Student Information [Please print clearly]

Name		Preferre	Preferred Name		
Last	First	Middle			
Social Security #	Date of Birth		Sex: Male/ Female		
Student Cell Phone ()	E-m	nail			
Permanent Address					
Street or P.O.	Вох	City	State Zi	p Country	
Mailing Address					
(If different than above) Street or	P.O. Box	City	State Zi	p Country	
Parent/Guardian Name	Phor	ne ()	Relationsh	ip:	
Emergency Contact Name	Pho	ne ()	Relationsh	ip:	
High School Attended		Date of High Scho	ool Graduation		
College Classification: Freshman	Sophomore Other	-			
Expected Enrollment: Fall 20_	Spring	20 Su	ımmer 20		
Are you transferring from anothe	r institution? No / Yes, Fro	om			
I will be playing intercollegiate sp If you will be bringing a vehicle w					
License Plate#	State	Make		Color	
Meal Plan Options:					
(All Housing students must selec	t a Meal Plan) (Default m	eal plan if not selected	d is 16 meals per w	reek)	
☐ 16 meals per week - \$1,790.50	semester/\$3,581.00 year	-			
☐ 10 meals per week - \$1,305.00					
Please submit your \$150).00 (Non-refundable) ł	nousing application	fee with this ap	olication.	
This secures your place in					
For Office Use Only					
Date received at DCC:	Date a	Date application fee received:			
Date received in Housing	Date I	Date Housing Contract sent:			

Roommate Selection

All Applicants Please answer the following questions:

At DCC, we want you to have an awesome college housing experience, and that means doing our best to match you with a compatible roommate. While it will not always be possible to give students their preferred roommate or know who you will get along with, we will try our best to find the right living arrangement for you. Please answer the following questions honestly. We're not here to judge your sleep or study habits, we just want to find a roommate with similar likes and dislikes as you.

1. How do you like to study? ☐ Alone ☐ With Others 2. Where do you plan to study? ☐ Room ☐ Library ☐ Other 3. What time do you generally get up in the morning? ☐ Before 7am ☐ 7am-9am ☐ 9am-11am ☐ After 11am 4. What time do you like to go to bed? ☐ Before 10pm ☐ 10pm-12am ☐ 12am-2am ☐ Who needs sleep? 5. What type of music do you enjoy? ☐ Variety ☐ Alternative ☐ Classical ☐ Jazz ☐ Country ☐ Rock ☐ Rap ☐ Christian ☐ I prefer silence ☐ Other: 6. Would you like a roommate with the same or related major? ☐ Yes ☐ No Preference 7. When was the last time you cleaned your room? ☐ In the last 24 hours ☐ Sometime this week ☐ In the last month ☐ Clean? ☐ Mom did it for me ☐ Have walkways through the piles 8. I make my living area be: ☐ Everything in its perfect place ☐ Organized but lived in ☐ Ordered clutter ☐ It might look like chaos but I have a system ☐ Wherever stuff lands 9. My friends would say I am: ☐ Very outgoing ☐ Social ☐ Quiet ☐ Private 10. I prefer to spend my free time (check all that apply): ☐ Hanging out with friends in my apartment ☐ Attending sporting events ☐ Reading ☐ Being by myself ☐ Attending social events ☐ Being with friends ☐ Working on a hobby ☐ Playing a sport/working out ☐ Studying ☐ Other: What other information should be considered in the assignment of your roommate? Roommate Request (optional): Roommate requests must be mutual. (If on an intercollegiate sports team discuss with your coaches your roommate preferences as well) Roommate Names: 1) ______

Please Send Housing Application with Application Fee to: