

# Housing Application for Residential Life



HANNIBAL-LAGRANGE UNIVERSITY

2800 Palmyra Road Hannibal, MO 63401  
800-HLG-1119 fax: 573-221-6594  
www.hlg.edu

**RESIDENT LIFE FORM INSTRUCTIONS**

Complete this form and submit to your admissions counselor along with the deposit and additional forms. Students are only assigned a room after all forms and the deposit have been submitted. All students in resident housing must abide by the policies in the student handbook.

## SECTION ONE: Tell Us About Yourself

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year  
 Email Address \_\_\_\_\_ Gender  Male  Female  
 High School Graduation Date: \_\_\_\_/\_\_\_\_ High School \_\_\_\_\_ Hometown/State: \_\_\_\_\_  
 Religious Affiliation \_\_\_\_\_ Parent's/Guardian's Name \_\_\_\_\_  
 Term you plan to enroll at HLG  Fall 20\_\_\_\_  Spring 20\_\_\_\_  
 Your expected classification:  
 New Freshman -OR-  Transfer Student ( Freshman  Sophomore  Junior  Senior)  
 Credit hours completed: \_\_\_\_\_ Total accumulated hours: \_\_\_\_\_ Age: \_\_\_\_\_  
 If transferring to HLG, which colleges/universities have you attended? \_\_\_\_\_

## SECTION TWO: Application to Reside On Campus While Attending HLGU

The Residential Life Office cannot guarantee your first choice of residence hall, but requests will be honored WHEN POSSIBLE. Requests will be processed based upon the receipt of this application, the \$100 housing deposit, and availability of residence hall space.

**The following information will be used WHEN POSSIBLE in the assigning of rooms and roommates. Please check the appropriate box on the following questions:**

How do you like to study?	<input type="checkbox"/> Alone	<input type="checkbox"/> With Others		
How would you classify yourself?	<input type="checkbox"/> Morning Person	<input type="checkbox"/> Night Person	<input type="checkbox"/> Both	<input type="checkbox"/> Neither
What type of music do you enjoy?	<input type="checkbox"/> Variety	<input type="checkbox"/> Gospel	<input type="checkbox"/> Country	<input type="checkbox"/> Classical
	<input type="checkbox"/> Praise/Worship	<input type="checkbox"/> Jazz	<input type="checkbox"/> Rock	<input type="checkbox"/> Rap/Hip Hop
	<input type="checkbox"/> Pop/Top 40	<input type="checkbox"/> Alternative	<input type="checkbox"/> Alternative Christian	
	<input type="checkbox"/> Contemporary Christian	<input type="checkbox"/> Other _____		

Would you be interested in living with a student from a different cultural or regional background?  
 Yes  No  No Preference

How do you prefer to keep your room?  
 Neat  Casual  Messy

What is your birth order in your family?  
 Oldest  Middle  Youngest  Only

Intended Major \_\_\_\_\_  Undecided

**List your extracurricular activities and hobbies**

Church Activities	School Activities	Hobbies / Other
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Residence Hall Preference (optional)**

Kleckner (female)    Memorial (female)    Pulliam (female)    Nunn Cook (male)    Fletcher Hall (male)    Crouch (male)

**Roommate Preference (optional)** Roommate requests must be mutual and in writing.

1st Choice: \_\_\_\_\_  
Last First Hometown

2nd Choice: \_\_\_\_\_  
Last First Hometown

I am requesting a PRIVATE ROOM with the understanding that an additional charge is involved and that a limited number of private rooms are available.

What other information should be considered in the assignment of your housing and/or roommate? Please include any special medical and physical needs:

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

**SECTION THREE: Your Signature**

**In case of illness, emergency, or accident, Hannibal-LaGrange University is granted the right to request treatment of or admit the student to the appropriate facility.**

I certify that the information given is correct to the best of my knowledge. I will observe HLGU residence hall regulations on conduct and policies under which residence halls are operated. Further, I understand that the acceptance of this form and reservation deposit does not guarantee admission to the college or into the residence hall. I also understand that upon admission to the college, I will be responsible for paying all rent charges together with all other applicable charges due under this contract. I understand that room reservation cannot be made until the residence file is complete. I understand that room and roommate availability is determined by the availability when the resident file is complete.

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

Parent or Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**I have enclosed:**

Deposit of \$100    Immunization Records    Copy of Medical Insurance Card

**RETURN THIS FORM TO: Hannibal-LaGrange University  
Office of Admissions  
2800 Palmyra Road  
Hannibal, Missouri 63401**

**FOR OFFICE USE ONLY**

Deposit: \_\_\_\_\_ Hall: \_\_\_\_\_ Room #: \_\_\_\_\_ Mailbox #: \_\_\_\_\_