

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?

☐ Alone

☐ With Others

How would you classify yourself?

☐ Morning Person

☐ Night Person

☐ Both

☐ Neither

What type of music do you enjoy?

☐ Variety

☐ Gospel

☐ Country

☐ Classical

☐ Praise/Worship

☐ Jazz

☐ Rock

☐ Rap/Hip Hop

☐ Pop/Top 40

☐ Alternative

☐ Alternative Christian

☐ Contemporary Christian ☐ 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

Please continue

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 #: _____

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