

Residence Hall Housing Application

If you have any questions, please call the Residence Life Office at Chalon (310) 954-4325 or Doheny (213) 477-2661.

I am applying for housing at: Chalon Doheny
For the: Fall of 20 _____ Spring of 20 _____

Personal Information

If your last name is hyphenated, please include full last name.

Full Name _____
LAST (FAMILY) FIRST MIDDLE

Permanent Address _____
NUMBER AND STREET

_____ CITY STATE ZIP

Phone _____

Cell Phone _____ S.S.# _____ Email _____

Date of Birth ____ / ____ / ____ Female Male

Anticipated Major _____

I am applying as: First-time college student
 Transfer—Please indicate class level upon entering MSMC Freshman Sophomore Junior Senior

Housing Preferences

Students may reside only on the campus which they are attending. Please indicate your first, second and third choice for residence hall and room type by placing number 1, 2 or 3 in the appropriate spaces below. To check the rates of the room types listed below, please go online to www.msmc.la.edu/residencelife. Every effort will be made to assign you to one of your preferences; however, it is not guaranteed. PLEASE NOTE: If you have a documented disability or medical condition, and you need to request a specific room type, you must first contact Disability Support Services at 310.954.4144 (Chalon) or 213.477.2690 (Doheny).

CHALON CAMPUS

Hall: _____ Brady _____ Carondelet _____ Rossiter _____ Yates/Aldworth _____ Male housing

Room Type: _____ Private _____ Single with 1/2 bath _____ Single _____ Small Double
_____ Large Double _____ Triple (Brady only) _____ Quad (Brady only)

DOHENY CAMPUS

Hall: _____ McIntyre _____ Hannon (all rooms are Large Doubles)

Please answer the following questions honestly, as your answers will aid us in assigning you a compatible roommate (if applicable).

1. Do you smoke? yes no (Smoking is not permitted in the residence halls, only in designated areas on campus.)
2. Do you mind living with a smoker? yes no doesn't matter
3. I study best: (check all that apply) alone in a group in quiet with background noise

other: _____

4. How many hours do you study per day and at what time? _____

5. What do you generally do in your leisure time? _____

CONTINUED ON BACK

6. What time do you usually go to sleep? _____

7. Will you have frequent visitors in your room? yes no

8. How often do you plan to go home on weekends? never sometimes frequently every weekend

9. What are your special interests? _____

10. Is there any information we should know in making a room selection for you? _____

I give MSMC permission to provide my future roommate with my phone number. yes no

If you would like to request a specific roommate, please list the student's full name: _____

Every effort will be made to assign you with the roommate you requested, however it is not guaranteed. If you request a roommate and she/he does not request you on her/his application, we will not be able to house you together. If you are participating in the priority deposit for housing and you request a roommate, she/he must also participate in the priority deposit and also request you as a roommate.

Emergency Information

(At least one contact is required).

PRIMARY CONTACT

Full Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Occupation _____

SECONDARY CONTACT

Full Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Occupation _____

Students must have health insurance, as well as clearance from Health Services, to live on campus. If you do not have private insurance, health insurance may be purchased through Mount St. Mary's College. For more information, please contact the Business Office at either the Chalon campus at 310.954.4040 or Doheny campus at 213.477.2540, or the Office of Admission at 800.999.9893.

Company/Policy # _____

Individual # _____

Return this application to the Office of Admission with your additional \$200 housing deposit.

