

DORMITORY ROOM RESERVATION APPLICATION

Name _____ S.S.# _____

Date of Birth _____ Sex _____

Home Address _____
Street City State Zip

Phone _____

Name of Parent or Guardian _____

Phone _____

Address of Parent or
Guardian _____
Street City State Zip

College Classification: _____ Freshman _____ Sophomore

Student Athlete: _____ Yes _____ No

Ethnic Group: _____ White _____ Black _____ American Indian _____ Hispanic
_____ Oriental

(This question is optional, it is needed for federal statistics reports; therefore we would appreciate your response.)

Physical Handicap: _____ No _____ Yes If Yes, please explain if special arrangements need to be made.

Semester for which housing is desired: _____ Sum I _____ Sum II _____ **Fall
_____ Spring _____ Year

Meal plan desired: _____ 120 meals _____ 5-Day _____ 7-Day *

*7 Day plans are ONLY available to athletes.

**Non-athlete students planning to live in the residence hall for the Fall Semester must also pay a \$200 prepayment after they receive a dorm acceptance letter in the mail. The prepayment must be made by July 15, but not before receiving the dorm acceptance letter. This Prepayment will be deducted from the amount owed for room and board for the Fall semester. Please refer to your catalog.

Angelina College accepts applications without regard to race, creed, sex, or religion.

A housing deposit of \$100 must accompany this application. It is both a reservation deposit and a deposit against damage, and must remain on file during a student's use of housing facilities.

This deposit is refundable if:

1. Admission is denied
2. No housing is available, or
3. A written request is received with notice of cancellation in the Business Office on or before the following dates:

Fall Semester July 15

Spring Semester December 1

Summer Semester May 15

Room reservations must be confirmed by contacting the Business Office no later than the first day of registration.

Failure to confirm reservations will result in the room being made available to other students.

Enclose a check or money order payable to Angelina College and mail or bring it with this application to:

Angelina College, ATTN: Business Office, P.O. Box 1768, Lufkin, Texas 75902-1768

I understand and accept the above requirements and agree to abide by the housing regulations of Angelina College. I also understand that I, or my parent or guardian (if student is under 18 years old), must sign a Housing Agreement Form.

Student's Signature	Date	Parent or Guardian Signature (If Student is under 18 years old)	Date
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OFFICE USE ONLY

Date Received _____ **Receipt #** _____

Revised 6/09