

► **Application for Housing:** Resident students must return this form

Student Status (check one)

☐ Freshman

☐ Transfer

Start Term



**LASALLE
UNIVERSITY**

UNDERGRADUATE ADMISSION

Please complete the front and back of this form and return it with the required total \$400 deposit for housing and confirmation of acceptance by May 1. The deposit is non-refundable.

NAME

STUDENT ID (SEE NOTIFICATION OF ACCEPTANCE)

ADDRESS

CITY/STATE/ZIP

HOME PHONE

CELL PHONE

ACCOMMODATION PREFERENCES

Freshman and Transfer Students

Freshmen are typically housed in two- to four-person residence hall rooms. If you have a housing preference, please indicate the specific housing type or building below. **While every effort is made, we cannot guarantee that all students' preferences can be accommodated. Assignments are made by date of deposit received.**

**Please mark
your preference:**

Residence Halls:

☐ North Hall

OR

☐ South Campus

OR

☐ Apartment/Townhouse/Suite
(upperclassmen only)

Roommate(s)

If there is a specific preference, it must be requested by each resident in writing on each application form and returned by **May 1**.

1.

3.

2.

4.

If you have checked both a residence hall and a roommate preference, please indicate below which is more important to you, in the event that we cannot accommodate both requests simultaneously. ☐ Residence Hall ☐ Roommate(s)

MEAL PLAN

A meal plan is required of all students living in a residence hall-style building. For a complete description of the required meal plans currently available, including an explanation of how they work, and to make your choice of plans, please visit La Salle's Food Services Web site at www.lasalle.edu/mealplans. **Do not indicate your meal plan preference on this form.**

Commuters and students living in apartments or townhouses may choose to participate in the optional plans. If interested, please visit www.lasalle.edu/optionalmeals.

Please note that all plans are per semester. If you do not indicate your meal plan preference online, one will be assigned to you. Contact Food Services at 215.951.1389 for more information.

CONTACT IN CASE OF EMERGENCY

NAME

RELATIONSHIP

STREET ADDRESS

PHONE NUMBER

CITY/STATE/ZIP

Please complete and sign the back of this form.

PERSONAL DATA

NAME

STUDENT ID

Do you smoke?

☐ yes

☐ no

Do you mind a roommate who smokes?

☐ yes

☐ no

I feel most comfortable in my room when (check one):

☐ It is neat and everything is where it belongs.

☐ It is neat and everything is usually put away.

☐ It is clean, but sometimes gets cluttered.

☐ It is clean, but it really doesn't matter what it looks like.

Major at La Salle (if determined):

Study Habits

☐ I am studious.

☐ I study when needed.

When I study, I

☐ require absolute quiet/am easily distracted.

☐ like a low background noise/am not easily distracted.

Socially, I am

☐ Conservative

☐ Moderate

☐ Liberal

OTHER ROOMMATE CHARACTERISTICS TO BE CONSIDERED REGARDING HOUSING ASSIGNMENT (PLEASE DESCRIBE)

WHICH OF THE ABOVE CHARACTERISTICS IS MOST IMPORTANT TO YOU IN TERMS OF ROOMMATE COMPATIBILITY?

☐ yes ☐ no Do you have special needs due to disability or other medical conditions that warrant special consideration in assignment to a University housing accommodation? If so, students must complete the Special Housing Accommodations for Health/ Medical Concerns form available at www.lasalle.edu/medicalforms to be considered for a special medical accommodation. Please submit this form to the Student Health Center by May 1 for consideration for the fall semester and by January 1 for the spring semester. (Student Health Center, Box 419, La Salle University, Philadelphia, PA 19141 • 215.951.1565)

RIGHTS AND PRIVACY PROVISIONS

In accordance with the Family Educational Rights and Privacy Act of 1974, it is the policy of La Salle University not to publicly release any personally identifiable information about students; however, if you desire, we will release hall/apartment, room number, and telephone number to persons attempting to locate you. Please indicate your wishes in this matter:

☐ Yes, you may release this information. ☐ No, do not release this information.

La Salle University does not discriminate against any applicant on the basis of race, color, creed, sex, age, physical handicap, or national origin, and is in compliance with the Americans with Disabilities Act and Section 504 of the Handicapped Act in making reasonable accommodations.

HOUSING CONTRACT

I do hereby agree to abide by all the terms and conditions set forth or incorporated by reference in the La Salle University *Student Guide to Resources, Rights, and Responsibilities* as amended. In expectation of an assignment to a residence facility, I agree to pay La Salle University the posted room and board (when applicable) fees. I understand that the Contract is in effect for the entire academic year (August through May) or from the time of arrival to the posted closing time after my last final examination of the spring semester.

DATE

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE (IF STUDENT IS UNDER 18 YEARS OF AGE)

Return this form to: La Salle University
Undergraduate Admission
1900 West Olney Avenue
Philadelphia, PA 19141-1199

LA SALLE UNIVERSITY USE ONLY

☐ Fall ☐ Spring ☐ Other 20

Housing Assignment

Meal Plan

Student Accounts Receivable Stamp

Security Deposit

Other

TRANSFER

Number of Credits