

CARDINAL STRITCH UNIVERSITY HOUSING PREFERENCE FORM

PERSONAL INFORMATION

Name: _____
(Last Name) (First) (Middle Initial)

Student ID Number: _____ Date of Birth: _____

Intended Major: _____ Gender: ☐ Male ☐ Female

Class Standing (for the semester for which you are applying):

☐ First Year ☐ Sophomore ☐ Junior ☐ Senior

I am a ☐ New Student ☐ Transfer Student ☐ Returning Student ☐ International Student

ADDITIONAL INFORMATION

Do you have a disability which would require special room accommodations? ☐ No ☐ Yes

Do you have an illness, chronic or otherwise, that could potentially require accommodations? ☐ No ☐ Yes

If **Yes to either question**, please attach a letter of explanation. We reserve the right to request additional documentation. (Note: Your responses indicate only a preference. Residence Life reserves the right to determine any room assignments based on a priority and/or need.)

Have you ever been dismissed or placed on probation from a college or university residence hall? ☐ No ☐ Yes

If **Yes**, please attach a letter providing appropriate date(s) and explain the circumstances. We reserve the right to request additional documentation.

PERSONAL PREFERENCES: Please answer the questions to assist us in making the best possible placement.

*I am a..... ☐ Non-Smoker ☐ Smoker ☐ Occasional Smoker

*I prefer my roommate to be a... ☐ Non-Smoker ☐ Smoker ☐ Occasional Smoker

*Cardinal Stritch University residence halls are non-smoking facilities.

On weeknights, I typically go to bed at..... ☐ 10 pm ☐ 11 pm ☐ 12 am ☐ 1 am ☐ 2 am

On weekdays, I typically wake up at..... ☐ 6 am ☐ 7 am ☐ 8 am ☐ 9 am ☐ 10 am

I sleep..... ☐ Soundly ☐ Fairly Soundly ☐ Lightly

I keep a room that is..... ☐ Spotless ☐ Clean ☐ Semi-Clean ☐ Messy

I require a place to study that is..... ☐ Quiet ☐ Fairly Quiet ☐ Not Quiet

I am an athlete on a Stritch athletic team..... ☐ Yes ☐ No Sport: _____

HOUSING PREFERENCES: Please rank all housing options that you are interested in (1 = most interested).

☐ **Clare Hall:** All new students are required to live in Clare Hall. Please rank your room preference.

_____ Single ☐ I prefer to live with: _____
_____ Double ☐ I do not have any roommate requests.

Meal Plan Request: All resident students must be enrolled in a meal plan. Please check your preferred meal plan.

NOTE: Changes to the meal plan can only be made through the end of the Add/Drop period each semester.

☐ **Any 15** – Choose any 15 meals during a seven-day week.

☐ **No Worries 19** – Choose any 19 meals during the week, plus 8 guest meals per semester. No Worries 19 covers breakfast, lunch and dinner Monday through Friday, and brunch and dinner on Saturday and Sunday.

CARDINAL STRITCH UNIVERSITY ROOM & BOARD CONTRACT

FOR OFFICE USE ONLY

PERSONAL INFORMATION

Deposit _____ Contract _____
Payment _____
Student ID# _____

I wish to arrange housing for the:

☐ School Year: 20__ - 20__ ☐ Fall Semester (only): 20__ ☐ Spring Semester (only): 20__ ☐ Summer (only): 20__

Name: _____ **Date of Birth:** _____
(Last Name) (First) (Middle Initial) (MM/DD/YYYY)

Home Address: Street: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

Parent, Spouse, or Guardian: Name: _____ Relationship: _____

Address: _____ Phone Number: (____) _____
(if different from above)

Emergency Contact: _____ (____) _____
(Name) (Phone Number) (Relationship)

TERMS OF ROOM AND BOARD CONTRACT

The University agrees to provide the above accommodations and meal plan for the current rates (see fee schedule). A \$50 deposit (\$10 deposit for summer session) is to accompany this request which will be credited to your account. All outstanding balances must be paid before this deposit can be accepted; exceptions must be cleared through the Business Office. See the General Information Letter from the Business Office for refund dates of the Room Deposit.

All residents are required to contract for a meal plan. The type of meal plan may be changed only at the beginning of the semester. If you do not indicate your meal plan preference, you will be billed for the No Worries 19 meal plan.

You are responsible for meeting all other requirements for participation in the meal plan, such as paying tuition on time. No refunds or credits will be given if you are unable to participate in the meal plan because of your failure to meet other requirements.

The University reserves the right to enter and inspect Residence Hall rooms at any time. University officials will enter and inspect rooms and their contents (and may permit law enforcement officials to enter and participate in such inspections) whenever they consider it necessary to protect or maintain the property of the University or the health or safety of its students, faculty, staff, or visitors, or whenever they consider it necessary to aid the University in carrying out its responsibilities regarding discipline and the maintenance of an appropriate educational atmosphere. In case of such an entry and inspection of your room, an effort will be made to notify you in advance and to have you present at the time of entry, unless in the judgment of University officials, such notice is impractical or unwise under the circumstances. By your signature on this contract, you acknowledge your understanding of the foregoing and consent to any such entry to and inspection of your room. The University is not liable for property belonging to you which may become lost, stolen, or damaged in any way on the premises, including storage facilities.

By your signature on this contract, you agree to the following:

- To vacate the premises within 24 hours after your last exam or class of each semester, along with periods when the Residence Hall is officially closed.
- To pay any damage and unnecessary service costs caused by you to University property due to your neglect or intent.
- To observe the Residence Hall policies as state in the Residence Hall Handbook.
- To be present at mandatory wing meetings or incur the established fine.
- To carry a minimum of 12 credits during the fall and spring semesters. Failure to attend classes for more than two weeks during the fall and spring semesters, without a documented medical or personal situation, will be considered a violation of this requirement.
- To participate in the room consolidation process, if deemed necessary by the Residence Life Department.

(Student Signature)

(Date)

Please return a copy along with deposit to: Cardinal Stritch University, Residence Life Office, 6801 N. Yates Rd. #203 Milwaukee, WI 53217-3985