Claflin	THIS BOX IS FOR OFFICE USE ONLY Application Received:	
	Application Fee Receipt # Date	
University	Confirmation Fee Receipt # Date	
•	Hall/Room Assignment:	
STUDENT HOUSING APPLICATION	Hall:	
20 20 Academic Year RETURN TO:	Room:	
Claflin University – Office of Residential Life	Deposit:	
114 Campus Center	Staff Sign:	
Orangeburg, SC 29115	Date:	
CHOOSE ONE: \Box Fall \Box Spring \Box Summer		

PLEASE NOTE: A non-refundable application fee of \$50.00 in the form of cash, money order, or a certified checks made payable to Claflin University. No personal checks will be accepted. **Students must pay \$265.00 confirmation fee before receiving room assignment.** The \$265 will be refunded if request is made by July 1 (fall) by December (spring). All confirmation fees received after these dates are nonrefundable.

PART 1: STUDENT APPLICATION INFORMATION

Please Print or Type:			
NAME:			
(Last)		(First)	(Middle)
HOME ADDRESS:			
	(Please	e include street/box number)	
(City)		(State)	(Zip Code)
HOME PHONE #:		EMAIL ADDRESS:_	
STUDENT ID#	AGE:	DATE OF BIRTH	: GENDER: M
PARENT/GUARDIAN NAM	1E:		
PARENT/GUARDIAN ADD	RESS:		
		(Please include street/box	number)
(City)		(State)	(Zip Code)
PARENT/GUARDIAN HOM	1E TELEPHONI	E #:	
PARENT/GUARDIAN WOF	₹K #:		
STUDENT STATUS AT CL. New Freshman Freshman			

PART 2: BUILDING PREFERENCE

(*Please indicate your choice of residence hall preference on the line by placing a 1 for first choice, 2 for second choice, and 3 for third choice*)

Asbury - Freshmen - FemalesSRC North - Junior, Senior - FemalesCorson - Freshmen, - FemalesSRC West - Junior, Senior - FemalesDunton - Sophomore - FemalesSRC East - Junior, Senior - FemalesKleist - Honor's College - FemalesSRC South - Honors College, Seniors- MaleHigh Rise - Freshmen, Sophomore, Junior, Senior - MalesMillwood - Males or Females

PART 3: ROOMMATE PREFERENCE

(Please indicate roommate preference)

- A. \Box I have no roommate preference
- **B.** My choice of roommate/ suite mates is indicated below (*Preferred roommates must submit applications to the Office of Residential Life at the same time. Please be advised that roommate requests can only be honored if space is available and paid at the same time).*

ROOMMATE'S NAME:				
	(Last)	(First)	(Middle)	
ROOMMATE'S NAME:				
	(Last)	(First)	(Middle)	
ROOMMATE'S NAME:		· · · ·		
	(Last)	(First)	(Middle)	

PART 4: OTHER INFORMATION

- A. Do you have a disability that requires special accommodation? Yes No If yes, please attach information about your disability including verification from your personal physician.
- B. Have you previously applied for housing at Claflin University? See No

PART 5: REQUIRED SIGNATURE(S)

I understand that by signing below that it is expected that I reside in Claflin University housing for the entire academic year. I understand my preferences for residence halls and roommate will be honored if possible, but cannot be guaranteed. By signing below, I agree to respect and adhere to all policies and procedures of the Office of Residential Life and the Claflin University Student Code of Conduct.

Signature of Student:	Date:
Signature of Parent/Guardian:	Date:
(If student is under 18 years of age)	