



Claflin University

STUDENT HOUSING APPLICATION
20 ____ - 20 ____ Academic Year

RETURN TO:

Claflin University – Office of Residential Life
114 Campus Center
Orangeburg, SC 29115

THIS BOX IS FOR OFFICE USE ONLY

Application Received:

Application Fee Receipt # _____ Date _____

Confirmation Fee Receipt # _____ Date _____

Hall/Room Assignment:

Hall: _____

Room: _____

Deposit: _____

Staff Sign: _____

Date: _____

CHOOSE ONE: Fall Spring 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 include street/box number)

_____ *(City) (State) (Zip Code)*

HOME PHONE #: _____ EMAIL ADDRESS: _____

STUDENT ID# _____ AGE: _____ DATE OF BIRTH: _____ GENDER: M F

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____
(Please include street/box number)

_____ *(City) (State) (Zip Code)*

PARENT/GUARDIAN HOME TELEPHONE #: _____

PARENT/GUARDIAN WORK #: _____

STUDENT STATUS AT CLAFLIN IN FALL 20 ____ *(Check all that applies)*

New Freshman Transfer Student Re-Admit Student Graduate Student

Freshman Sophomore Junior Senior

