

Please complete both the front and back of this application and return it to the Business Affairs Office with a \$200.00 application fee. Send a cashier's check or money order, if mailing, **no cash please**. If paying in person, any form of payment will be accepted in the Business Affairs Office.

Lawson State Community College accepts applications for residential living and makes room assignments regardless of race, color, national origin or disability. In compliance with the college policy, we will make room assignments on a first-come, first-serve basis. If you need special accommodations, please notify the Dean of Student Life no later than 30 days prior to the first day of class of the semester for which you are applying.

PLEASE PRINT OR TYPE CLEARLY

For what semester and year are you applying for residential living? (please circle)

10 month contract — Fall & Spring 20____ - 20____

12 month contract — Fall/Spring/Summer 20____ - 20____ Summer 20____

Classification: New _____ Returning _____ Transfer _____

Program of Study _____ Social Security Number _____ - _____ - _____

 Last Name First Name Middle Name Sex: ___ M ___ F

 Mailing Address City State Zip Code

 Home Phone # Cell Phone # Emergency Contact Name & Phone #

 Name of Parent/Guardian Relationship Phone #

 Address City State Zip Code

Lawson State Community College has permission to contact my parent/guardian concerning this application. Y__ N__

Student email: _____ Parent/Guardian email: _____

 Name and Address of Requested Roommate (City, State, Zip Code, Telephone #)

PERSONAL CHARACTERISTICS:

The following information will aid our staff in matching you with the roommate/cluster mate/ Room and roommate assignments are made on a first-come, first-serve basis with the completed application, contract, and \$200.00 non-refundable application fee are received. Actual assignments are based on space availability, priority, complete "registration" for the term, and payment of all fees. We cannot guarantee preferences but will try to honor your requests.

Do you smoke? ____ Yes ____ No Because the Learning Living Residential Center is a smoke-free state facility. Would you object to a roommate who smokes outside the building? ____ Yes ____ No

How do you spend your spare time?

____ Reading ____ Sleeping ____ TV/Video ____ Telephone ____ College activities
____ Outside activities ____ Others

I like room temperature (____ above/ ____ below) 72 degrees.

I usually study: ____ with music/TV ____ in a relatively quiet environment
____ with a group of friends

Do you have any allergies or special needs as a result of a health problem or disability that should be taken into consideration when assigning roommates? ____ Yes ____ No

Explain:

A Health Evaluation and Immunization Form **MUST** be on file with the Student Health Nurse. **Students who experience allergies and/or other illnesses that require special assignments are required to submit a physician's statement along with the housing application.**

Have you ever been convicted of or pled no contest or guilty to any felony or any crime involving theft, dishonesty, violence or sexual misconduct? Yes ____ No ____ If yes, please explain below:

I HAVE COMPLETED BOTH FRONT AND BACK OF THIS APPLICATION AND I UNDERSTAND AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED IN THE CONTRACT. I ALSO AGREE TO ABIDE BY THE STUDENT CODE OF RESPONSIBILITY AND THE HOUSING HANDBOOK.

Student's Signature Date Age

Co-Signature of Parent or Legal Guardian (is student is under 18 years of age) Date

Lawson State Community College's STATEMENT OF TERMS AND CONDITIONS OF OCCUPANCY should be read and understood by the student (and parent/legal guardian if the student is under 18) before signing. Room Assignments will not be made until the signed application, signed contract and \$200.00 **non-refundable** application fee have been received in the Housing and Residential Life Office.

Please note that if your term of enrollment should change for any reason, you must notify the Housing and Residential Life Office in writing.

FOR OFFICE USE ONLY

Date Application Received _____ Initial _____
Date Contract Received _____
Date Application Fee Received _____ Receipt # _____
_____ Cashier's Check _____ Money Order _____ Credit Card

Mail to:
Lawson State Community College
Business Affairs Office
3060 Wilson Road
Birmingham, AL 35221