

Please complete both the front and back of this application and return to the Business Affairs Office with a \$200.00 application fee. Send a 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 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 _____-____-_____

_____ Sex: ____M ____F
 Last Name First Name Middle Name

_____ 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

_____ 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 when the completed application, contract and \$200.00 non-refundable application fee are received. Actual assignments are based on space availability and priority. 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

Do you consider yourself a: _____ morning person _____ night person _____ outgoing
 _____ reserved _____ organized/nest _____ messy?

I usually study: _____with music/TV _____in a relatively quiet environment
 _____with a group of friends

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.

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 RESIDENCE 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 Learning Living Residential Center Contract should be read and understood by the student (and parent/legal guardian if the student is under 18) before signing. Assignments will not be made until signed application, contract and \$200.00 **non-refundable** application fee are received by our office.

Please note that if your term of enrollment should change for any reason, you must notify the office in writing.

FOR OFFICE USE ONLY

Initial

Date Application Received _____

Date Contract Received _____

Date Application Fee Received _____ Receipt # _____

_____ Cashier's Check _____ Money Order _____ Credit Card

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