



Full Name _____ Student ID # _____
Last First M.I.

Home Address _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone Number _____ Student Email _____

Date you are starting classes	<input type="checkbox"/> Freshman	<input type="checkbox"/> Junior	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<input type="checkbox"/> New Student	<input type="checkbox"/> Returning Student	Birthdate
	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Senior			<input type="checkbox"/> Transfer Student		

Emergency Contact

Name _____ Email Address _____

Home Address _____

Cell Phone Number _____ Work Phone Number _____

FIRST-YEAR HOUSING REQUIRES APPLICATION SUBMISSION AND ALL HEALTH FORMS TO BE RECEIVED BY JUNE 1. STUDENTS SUBMITTING AFTER JUNE 1 MAY BE PLACE ON A WAIT LIST UNTIL SPACE BECOMES AVAILABLE. HALL PREFERENCE REQUESTS ARE NOT GUARANTEED, AND ASSIGNMENTS ARE MADE UPON SPACE AVAILABILITY

Room preference <input type="checkbox"/> Single occupancy <input type="checkbox"/> Double occupancy	Roommate Preference (by name)
I grant permission to release my telephone number, and student email to my roommate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be participating in CU athletics? If so, please check all that apply: <input type="checkbox"/> Soccer <input type="checkbox"/> Volleyball <input type="checkbox"/> Basketball	Rate Yourself Sloppy 1 2 3 4 5 Neat Freak
Music Preference <input type="checkbox"/> Classical <input type="checkbox"/> Christian <input type="checkbox"/> Pop <input type="checkbox"/> Rock <input type="checkbox"/> Country <input type="checkbox"/> Other _____	Extroverted 1 2 3 4 5 Introverted
Other Interests <input type="checkbox"/> Sports <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Outdoors <input type="checkbox"/> Other _____	Task Oriented 1 2 3 4 5 People Oriented
Habits (Check all that apply) <input type="checkbox"/> Go to sleep early and wake up early <input type="checkbox"/> I need noise when I study <input type="checkbox"/> Go to sleep late and wake up early <input type="checkbox"/> I need quiet when I study <input type="checkbox"/> Go to sleep late and wake up late	Field of Study/Major RA Preference (by name)

ALL RESIDENCE HALL DORM STUDENTS ARE REQUIRED TO BE ON A MEAL PLAN. SOPHOMORES, JUNIORS, AND SENIORS MAY CHOOSE ANY MEAL PLAN. FRESHMAN (29 CREDIT HOURS OR LESS) ARE REQUIRED TO SIGN UP FOR THE 20 MEALS PER WEEK PLAN.

Student requesting specific accommodations must send Physician documentation to support their request to dss@calvary.edu

Meal Plan: 20 meals per week 14 meals per week 7 meals per week

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Sign and return completed application and housing forms to:

Residence Life
Calvary University
15800 Calvary Road
Kansas City MO 64147

For questions please call (816) 322-0110 ext. 1327 or email student.deans@calvary.edu