



Calvary University

Dorm and Meal Plan Application

Student ID # _____

Full Name _____
Last
First
M.I.

Home Address _____
Street Address
Apartment/Unit #

City _____ State _____ ZIP Code _____

Cell Phone Number _____ Student Email _____

FALL <input type="checkbox"/>	SPRING <input type="checkbox"/>	<input type="checkbox"/> Freshman	<input type="checkbox"/> Junior	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> New Student	<input type="checkbox"/> Returning Student	Birthdate
		<input type="checkbox"/> Sophomore	<input type="checkbox"/> Senior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Transfer Student		

Emergency Contact

Name _____ Email Address _____

Home Address _____

Cell Phone Number _____ Work Phone Number _____

FIRST-YEAR HOUSING GUARANTEE REQUIRES APPLICATION SUBMISSION AND ALL HOUSING FORMS (which are online: www.calvary.edu) TO BE RECEIVED BY JUNE 1. STUDENTS SUBMITTING AFTER THE GUARANTEE DATE 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 home address, 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	
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 _____ Other Interests <input type="checkbox"/> Sports <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Outdoors <input type="checkbox"/> Other _____	Rate Yourself Sloppy 1 2 3 4 5 Neat Freak Extroverted 1 2 3 4 5 Introverted 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.

Accommodations due to physical/mental medical conditions. Note physical condition if needed for assignment purposes – this information may be released to select College personnel for emergency response. Student requesting specific accommodations must have Physician documentation to support their request.

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