



LaGrange College 2018-2019 Housing Contract & Roommate Selection Questionnaire

****NEW STUDENT DEADLINE to return form: 2 weeks BEFORE your scheduled Summer Orientation****

Feel free to visit the LaGrange Housing website

Personal Information

Student name (First, Middle, Last): _____ Preferred: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home telephone number: _____ Cell phone number: _____

LC ID number (L Number): _____ Date of birth: _____ Social Security Number: _____

Starting Semester: Fall___ Jan-Term___ Spring___ Summer___ Year_____ Gender: Male___ Female___

Classification: Incoming Freshman___ Sophomore___ Junior___ Senior___ Graduate___

Emergency contact name (Mandatory): _____ Relation to contact: _____

Emergency contact number (Mandatory): _____

LaGrange College Residency Requirement

The LaGrange College Residency Requirement states that all traditional day students taking twelve hours or more must live in college housing and have a meal plan. Please refer to the College Housing Agreement form for more details in regards to the Residency Requirement.

____ I will live on campus and need a housing assignment and meal plan (complete meal plan form to select your meal plan).

____ I meet one of the requirements to be considered for exemption AND will complete the 2018-2019 Residency Exemption Form that request for an exemption to the residency requirement. **Written permission must be provided by the Director of Residential Education & Housing before being approved to live off campus. Please do not assume that you can live off campus until you completed the request to live off campus AND receive permission in writing from the Director of Residential Education & Housing.**

Please complete the section below to assist us with your roommate selection process.

- | | | |
|--|---|--|
| I am an.. Extrovert / Introvert | I like to study alone. Yes / No | I play a musical instrument. Yes / No |
| I am.. Neat / Messy | I will be on an athletic team at LC. Yes / No | I enjoy having friends in my room.. Yes / No |
| I like to.. Wake up early / Sleep late | If yes, then what sport_____. | I plan to have guest frequently. Yes / No |
| Do you smoke? Yes / No | I consider myself techy. Yes / No | I prefer to stay inside. Yes / No |
| I am allergic to smoke. Yes / No | I like taking naps. Yes / No | I enjoy the outdoors. Yes / No |
| I am allergic to _____. | My favorite hobby is... _____. | I like _____ music. |
| I consider myself a gamer. Yes / No | I plan to major in _____. | |
| I like to study with music. Yes / No | | |

I request to live with this student (housing office will work to honor mutual roommate requests): _____

I prefer to live in (circle): **Freshmen Females** – Hawkes Hall or Turner Hall **Freshmen Males** – Boatwright Hall or Pitts Hall

****The Housing Office will make the final designation of freshmen housing based on the overall gender ratio living on-campus and may potentially use Henry Hall to house a small portion of freshmen men and/or women based on the overall housing needs.****

Residents who have requests for special housing accommodations (i.e., ADA needs, gender identity, etc.) should contact housing@lagrange.edu at your earliest convenience.

In signing below, I acknowledge that I read, understand, and will comply with the College Housing Agreement and have provided accurate information on this form. I also understand that I will be held accountable to this agreement and all College policies.

Student's Name (Printed) _____ Student signature _____ Date _____

Completed forms should be submitted to: Office of Residential Education & Housing, LaGrange College, 601 Broad Street, LaGrange, GA 30240 -OR- Scan and email to housing@lagrange.edu.

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Visit the [housing website: www.lagrange.edu](http://www.lagrange.edu)> scroll over "Campus Life"> click on "College Housing" for more information.