

ON CAMPUS & OFF CAMPUS HOUSING APPLICATION - TRANSFERS & RE-ADMITS

Students planning to live on campus must complete sections 1, 2, 3, 4, and 6.

Students requesting permission to live off campus must complete sections 1, 5 and 6.



SECTION 1: CONTACT INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____ NCWC STUDENT I.D. NUMBER _____

STREET ADDRESS _____ APT. # _____ CITY _____ STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

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CELL PHONE HOME/PERMANENT PHONE EMERGENCY CONTACT PHONE NUMBER EMERGENCY CONTACT NAME & RELATIONSHIP TO YOU

DATE OF BIRTH (MONTH/DAY/YEAR) _____ AGE IN YEARS _____ DIETARY RESTRICTIONS AND/OR FOOD ALLERGIES _____

STATUS: (CHECK ONE): TRANSFER STUDENT RE-ADMITTED STUDENT

MALE FEMALE
GENDER (CHECK ONE)

SECTION 2: PERSONAL INFORMATION (Check the appropriate boxes.)

I: Smoke Do Not Smoke am neat am messy get cold easily get hot easily neither am quiet am talkative

I prefer: to go to sleep before midnight to go to sleep after midnight a quiet roommate a talkative roommate

I will be on the following NCWC Athletic Team: _____ Other Interests/Hobbies: _____

Please provide any other personal info. we should consider: _____

I would like to room with: No Specific Request _____
Print First Name Print Last Name Student ID #

All Roommate Requests MUST be mutual and BOTH MUST be received by June 22nd in order to be honored.

Disability Accommodations: To request a housing accommodation based on a documented disability, email ResLife@ncwc.edu for an application.

SECTION 3: RESIDENCE HALL ASSIGNMENT

Room Rate Per Semester for a Double Room is \$2,400

Males will be assigned to a double room in Collins Hall. Females will be assigned to a double room in Nash or Collins Hall.
___ Check here to be placed on the waiting list for a single room. (If a room becomes available, you will be contacted. Single rooms cost \$2,925 per semester.)
Information about each hall and suggested/prohibited items can be viewed anytime at www.ncwc.edu/live.
All room and roommate assignment information will be sent to NCWC email accounts approximately 1 month prior to move-in.

SECTION 4: MEAL PLAN SELECTION (Check one)

All residential students must select a meal plan from the following options. Flex dollars can be used at the WOW Café and Internet Café.

- Week-Based Meal Plans: (\$2,800 per semester. The cost is the same no matter which of the following 3 plans you select.)
 15 Cafeteria Meals/week + \$225 Flex/semester 12 Cafeteria Meals/week + \$360 Flex/semester 10 Cafeteria Meals/week + \$400 Flex/semester
 Unlimited Meal Plan + \$100 Flex/semester (\$3,000 per semester)
This plan allows students to come into the cafeteria as often as they like without ever having to worry about running out of meal swipes.

SECTION 5: REQUEST FOR PERMISSION TO LIVE OFF CAMPUS

- I am requesting to live off campus using **one** of the following approved criteria:
- ___ I am 22 years of age or older (or will be by August 31, 2018)
 - ___ I have at least a 2.75 with 60 credit hours completed
 - ___ I reside with my child (Copy of birth certificate required)
 - ___ I am married (Copy of marriage certificate required)
 - ___ I am a US citizen/permanent resident and am considered an independent student (Verification through the Financial Aid Office)
 - ___ I reside with my parent(s)/legal guardian(s) who live within a 50-mile radius of the main campus. (Verification statement below must be completed.)

I, _____, verify that _____ is my child/legal dependent, and that he/she will
(Print name of parent/legal guardian) (Print name of student)
reside with me at _____ while a full time student at NCWC. I live within
(Complete Address)
a 50-mile radius of the main campus. I understand that if my student is not living with me that he/she will be billed to live on campus.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

- If approved to move off campus, I would like a Commuter Meal Plan. Indicate your preferred plan below.
___ Blue: 45 Caf. Meals, \$100 Flex (cost: \$370) ___ Gold: 25 Caf. Meals, \$75 Flex (cost: \$235) ___ White: 15 Caf. Meals, \$50 Flex (cost: \$155)

Office Use Only:

Approved Denied

Signature _____ Date _____

SECTION 6: SIGNATURE

By signing this application I confirm all information provided above is accurate. If I have requested housing, I am aware that this is for the entire academic year and that while living on campus I am expected to adhere to all policies outlined in the Student Handbook, which is found on the NCWC website.

SIGNATURE OF STUDENT _____ DATE _____