



Graduate Single Housing Application

ALL AREAS MUST BE COMPLETED

This application is for which semester?
 Fall Spring of what year? _____

Please send completed application to:
 Auxiliary Services Biola University
 13800 Biola Ave
 La Mirada, California 90639-0001

Name _____ Sex: M / F
Last First Middle
 Program _____ Birth Date: _____ Biola Student ID (if known): _____

Address _____
Street City/State ZIP
 Country _____

Phone _____ E-Mail Address: _____

Preferred move in date (If Known): _____ Admissions Counselor: _____

<p>Desired Room Occupancy: ___ 2 persons/bedroom ___ 1 person/ bedroom</p>	<p>Are you willing to share a room if no single rooms remain? Yes ___ No ___ Maybe ___</p>	<p>Comments: _____ _____</p>
Do you have a car? Yes No Do you plan to get a car when you arrive? Yes No Maybe Make/Model: _____ Year: _____ Color: _____ Plate #: _____		

IMPORTANT: If we cannot provide you housing, do you want your contact information published on a list sent to other graduate students interested in sharing housing? If so, please sign below: *I give permission for Biola University to publish my name, address, phone number and e-mail address on a Graduate Housing waiting list. I understand this list will be mailed to other students on the waiting list.*

Signature: _____

<p>SLEEPING/WAKING HABITS (Mark which term BEST describes you)</p> <p> <input type="checkbox"/> Waken Easily <input type="checkbox"/> Stay up late <input type="checkbox"/> Morning Person <input type="checkbox"/> Sleep Through Anything <input type="checkbox"/> Early to bed <input type="checkbox"/> Late Riser </p>	<p style="text-align: center;">MUSIC PREFERENCE</p> <p>Volume: <input type="checkbox"/> Soft <input type="checkbox"/> Medium <input type="checkbox"/> Loud</p> <p>Style(s): _____</p>
<p>STUDY HABITS: <input type="checkbox"/> Morning <input type="checkbox"/> In room <input type="checkbox"/> With Music <input type="checkbox"/> Day <input type="checkbox"/> Library <input type="checkbox"/> No Noise <input type="checkbox"/> Evening <input type="checkbox"/> Other <input type="checkbox"/> Either <input type="checkbox"/> Late Evening</p>	<p>ROOM ENVIRONMENT PREFERENCE: <input type="checkbox"/> Orderly <input type="checkbox"/> Casual/Messy <input type="checkbox"/> Orderly/Casual <input type="checkbox"/> Messy <input type="checkbox"/> Casual</p>

Special Circumstances: _____
Interests/ Hobbies: _____

For office use only:

Date Received _____ Received By _____ Status _____
 Apt. Qualify: Enrolled Enrollment deposit paid Full-time student
 Offer _____ Response _____ Date _____
 Assigned _____