



If you have lived with us before, return this completed application and non-refundable application fee of \$40 (check or money order made payable to SGSC) to the Office of Residence Life & Housing. If you wish to pay by credit/debit card, please contact the Cashier. **THIS FEE IS DUE AT THE TIME OF APPLICATION.** Any questions regarding your application should be directed to the Office of Residence Life & Housing. Applicants may also complete this form online. Applications may also be submitted via U.S. Mail or by fax.

Wish to reside: _____ Fall 2018 & Spring 2019 _____ Spring 2019 only

PERSONAL INFORMATION:

Name _____ Gender: _____ Female _____ Male
LAST FIRST MIDDLE

SGSC Student ID # _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR

Permanent Mailing Address _____
STREET CITY STATE ZIP CODE

Permanent Phone # (_____) _____ Cell Phone # (_____) _____

E-Mail Address _____

MEAL PLAN (All residential students are required to purchase a meal plan.):
 _____ 19 meals per week (\$1,755 per semester; Fall/Spring only)

RESIDENCE HALLS (TIGER VILLAGE I & II; \$2,515* per semester; Fall/Spring only) *proposed rate pending approval by Board of Regents

CHOOSE YOUR PREFERENCE: _____ 2-bedroom suite, Tiger Village I & II _____ 4-bedroom suite, Tiger Village I (if available)

ROOMMATE REQUEST (IF APPLICABLE):

Note: Requests must be mutual. Request does not guarantee the assignment. Requested roommate must be of the same gender.

Requested Roommate's Legal Name _____ SGSC Student ID # _____

Do you have a documented disability that requires special housing accommodations? If so, please explain:

Individuals with documented disabilities requiring accommodations in the residence hall should contact the Office of Disability Services at (912) 260-4435 or annette.nation@sgsc.edu. Please allow for up to sixty (60) days for accommodations to be completed.

ROOMMATE PREFERENCE:

Temperature Preference: Cold (<70) Semi-cold (70-74) Moderate (74-78) Warm (>78)

I prefer my room to be: Extremely quiet Quiet Some background noise Noisy Noise doesn't matter to me

I prefer a roommate that is a: Non-Smoker Smoker No preference *SGSC is a tobacco-free campus.

I am most active in the: Early Morning Late Night I would consider myself to be: Tidy Not Tidy

I grant permission for SGSC to release the e-mail address I provided on this application to my assigned roommate: Yes No

*Note: Applicants will receive notification of room/roommate assignments via e-mail approximately two (2) weeks before the start of the semester.

Have you had a criminal conviction other than a minor traffic violation? Yes No If yes, attach a statement with complete details.

Are there any criminal charges pending against you now? Yes No If yes, attach a statement with complete details.

Criminal Background Checks are required of each student who applies to live on campus. Falsification of information on this application may be grounds for disciplinary action. I authorize South Georgia State College to receive any criminal history and driving history records information pertaining to me, which may be in files of any criminal justice agency or driving records database.

I understand that the application fee is non-refundable and is due at the time of application. I also authorize SGSC to receive my criminal and driving histories.

Signature _____

Date _____