100 West College Park Dr., Douglas, GA 31533

Phone: (912) 260-4416 Fax: (912) 260-4458

The non-refundable application fee is \$40 & must be paid before the application is considered complete.

- IF MAILING APPLICATION: Make check/money order payable to SGSC & mail application & fee to the Office of Residence Life & Housing at the address listed above.
- IF COMPLETING APPLICATION ONLINE: Allow two business days for your application to be processed before making a payment. Pay with a debit/credit card through TouchNet (online portal) through the SGSC website or call the Cashier at (912) 260-4243 to pay over the phone.
- IF APPLYING IN PERSON: Bring your application & check, money order, or debit/credit card to the Cashier's window at either the Douglas or Waycross Campus. **PERSONAL INFORMATION:**

Name	FIRST		MIDDLE	Gender:	Female	Male
SGSC Student ID #			Date of Birth			/
Dormanant Mailing Address				MONTH	DAY	YEAR
Permanent Mailing Address	STREET		CITY		STATE	ZIP CODE
Permanent Phone # ()		Cell Phone # ()		
E-Mail Address						
MEAL PLAN (All residential stud	dents are required to	nurchase a meal nlan l				
-	•	semester; food service lu		– Thursday o	nlv) *Indicates rate fo	r Summer 2019
rates for Summer 2021 pending ap			anen a anner monady	marsaay o	my, malcates rate to	i Julillici 2013,
RESIDENCE HALLS (TIGER VILLA			idicates rate for Summer	2019: rates for	Summer 2021 nending	annroval by USG
Board of Regents	101 11, 91,275 101 11	ic summer semester, in	idicates rate for summer	2015, rates for .	Juliliner 2021 periume	, approvar by 030
board of Regents						
2-bedroom suite, Tige	r Village II					
	· ·					
ROOMMATE REQUEST (IF APP	LICABLE):					
Note: Requests must be mutua	ıl. Request does not	guarantee the assignme	ent. Requested roomn	nate must be	of the same gender	
Requested Roommate's Legal N	Name		SGSC S	tudent ID # _		
Do you have a documented dis						
Individuals with documented d	isabilities requiring a	accommodations in the r	esidence hall should co	ntact the Off	ce of Disability Serv	rices at (912)
260-4435 or stanley.sinkfield@	<u>sgsc.edu</u> . Please allo	ow for up to sixty (60) da	ays for accommodation	is to be comp	leted.	
ROOMMATE PREFERENCE:						
Temperature Preference:		Semi-cold (70-74)	Moderate (74-78)	-	·78)	
I prefer my room to be:	Extremely quiet		background noise	Noisy	Noise doesn't ma	atter to me
I prefer a roommate that is a:	Non-Smoker	Smoker N			cco-free campus.	
	Early Morning	Late Night	I would consider		·	Not Tidy
I grant permission for SGSC to	release the e-mail ac	dress I provided on this	application to my assi	gned roomma	ate: Yes	No
*Note: Applicants will receive r	notification of room/	roommate assignments	via e-mail approximat	ely two (2) we	eks before the start	of the semester
						of the semester.
•			Yes No	-	h a statement with	complete details
Have you had a criminal convic Are there any criminal charges			Yes No Yes No	-	h a statement with th a statement with	complete details
Are there any criminal charges	pending against you	ı now?	Yes No	If yes, attac	ch a statement with	complete details
Are there any criminal charges Criminal Background Checks ar	pending against your	u now? tudent who applies to liv	Yes No ve on campus. Falsifica	If yes, attac	ch a statement with	complete details complete details cation may be
Are there any criminal charges Criminal Background Checks ar grounds for disciplinary action.	pending against you re required of each s . I authorize South G	u now? tudent who applies to liv Georgia State College to i	Yes No we on campus. Falsifica receive any criminal his	If yes, attace ation of inform story and driv	ch a statement with	complete details complete details cation may be
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