

HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668

NEW STUDENT HOUSING APPLICATION

This application is being submitted for August _____ January _____ Male Female
Year Year

Name _____
Last First Middle

HU ID# _____ Age _____ Date of Birth _____ Major _____

Home Address _____
Street City/State Zip Code

E-mail address _____

Telephone No. (_____) _____ Hobbies/Special Interests _____

List any scholarships accepted: _____

Describe any conditions that require special attention: _____

Name of person to contact in case of emergency: _____

Telephone _____ Relationship _____

Have you ever been a resident student at Hampton University? Yes No

If so, when? _____ Building Preference(s) 1st _____
2nd _____

Room type preference: Double Single*

Do you have a choice of roommate? Yes No Name: _____

Please think about your answers carefully and answer as accurately as possible.

- _____ 1. While Residence Halls are smoke-free environments, due to allergies and strong personal preferences, please answer with care.
a. I am a smoker. b. I am a non-smoker. c. I am a non-smoker, but willing to live with a smoker.
- _____ 2. How would you characterize the sleeping habits you would prefer your roommate to have?
a. Prefer a "day person" (early to bed, early to rise). b. Prefer a "night person" (late to bed, late to rise).
- _____ 3. Unlike your room at home, your residence hall room serves not only as a place to sleep, but as a living room and a place to entertain friends. How will your room look?
a. Everything in its place most of the time. b. Things will pile up until I get into a cleaning mood.
- _____ 4. Study locations vary (i.e., library, room). Which reflects your study plans?
a. I plan to study several hours a day in my room. b. I do not plan to study much in my room
- _____ 5. I prefer studying:
a. With soft music b. With the television or stereo on at any volume. c. In a quiet area
- _____ 6. Some people need more privacy than others. How do you feel?
a. I would prefer as much privacy as possible. b. I would not mind visitors in my room at almost anytime.

Check Current Status:

Readmit New Freshman Transfer

Return this application to the Office of Judicial Affairs and Housing via email to HOUSING@HAMPTONU.EDU.

***A limited number of singles are available and assigned on a first come-first served basis with respect to date of payment of advance deposit fees. There is an additional per semester fee for single accommodations.**

The above information is solicited in an effort to match student suggested preferences as closely as possible. However, there may be circumstances where the availability of housing makes this impossible.

If disability related accommodations are being requested, please contact the Office of Compliance and Disability Services 757- 727-5493, and/or visit their website <http://www.hamptonu.edu/compliance/> for more information.

Date _____ Applicant's Initials _____

----- **DO NOT WRITE BELOW THIS LINE** -----

Room Assignment _____ Room No. _____ Roommate _____