

ANGELINA COLLEGE RESIDENCE HALL APPLICATION

PLEASE PRINT LEGIBLY

Last Name First Middle Social Security No.

Address City State Zip Code

(_____) _____ (_____) _____
Home Phone Cell Phone

Email: _____

Male Female Date of Birth _____

Semester and year applying: Fall Spring Sum I Sum II Year: _____

Classification: Freshman Sophomore Transfer

Were you recruited (or signed a letter of intent) by of the following organizations?

- Women's Basketball Men's Basketball Baseball Men's Soccer
 Women's Soccer Men's Basketball Softball AC Singers
 SFA Partners Smith-Hutson Theater Other

Do you have a chronic or physical disability that requires special arrangements?
If yes, please explain:

Parent or guardian contact info: _____

(_____) _____ Home phone	Name	(_____) _____ Work phone	Relationship	(_____) _____ Cell phone
-----------------------------	------	-----------------------------	--------------	-----------------------------

Previous illnesses or injuries that an emergency physician would need to know:

Current medications: None, or list: _____

Drug allergies: None, or list: _____

Automobile: _____

Year	Make	Model	
Color	License Plate (required)		

Major: _____ High School: _____

Roommate requested: _____

Arrangements to pay for room and board must be made prior to registration. All students living in the AC residence hall must enroll in 12 semester credit hours (sch). If a residence student drops below 12 sch. you will be asked to vacate the residence hall.

If withdrawal occurs during a semester, no refund will be made for room rent after 30 days. However, the board charge will be refunded on a pro rata basis computed to the end of the week when the official withdrawal is completed.

Have you ever been convicted of a violation of any local, state, or federal law, other than minor traffic violations (including a plea of guilty or no contest)? Yes No

Are you currently under probation for a violation of any local, state, or federal law?

Yes No

I understand by signing this residence hall application, I give Angelina College consent to perform a background check.

PLEASE READ THE FOLLOWING PRIOR TO SIGNING BELOW:

While a resident student at Angelina College. I agree to conduct myself in a manner acceptable in an educational environment and civil society. I understand that the college has rules and regulations. I agree to abide by the rules and regulations of the college as set forth in the General Catalog and Angelina College Policy and Procedures manual. I understand that a violation of the college policy will result disciplinary action in accordance with the Angelina College policy and may include immediate eviction from the residence hall.

Student Signature Date

Parent or Legal Guardian (students under 18 only) Date

CHECKLIST OF ITEMS TO MAIL TO AC HOUSING OFFICE

A room will not be reserved without the following:

- This application, filled out completely;
- \$100 Deposit, Make check or money order payable to Angelina College, NO CASH. Financial aid may **NOT** be used for the deposit.

Mail to: Angelina College
Attn: Housing
PO Box 1768
Lufkin, TX 75902