

Last Name **First Name** **Middle Initial** **Student ID #**

Permanent Street Address **City** **State** **Zip**

Date of Birth **Gender** **Home Phone/Cell Phone**

Do you have any chronic ailments or physical disabilities which could affect your room assignment? Y N

If yes, please describe: _____

SCHOOL INFORMATION:

Current Grade Level: Senior Junior Sophomore

GPA: _____ **Major:** _____ **Current Semester Credit Hours:** _____

Completed Number of Credit Hours (Prior to current semester): _____

Are you involved in any Indiana Tech athletics? Y N **If yes, what:** _____ COACH'S SIGNATURE

Please list all extra-curricular activities for current year including the signature from the staff or faculty advisor (i.e. clubs/organizations, tutor, intramurals, etc.):

	ADVISOR'S SIGNATURE
	ADVISOR'S SIGNATURE
	ADVISOR'S SIGNATURE
	ADVISOR'S SIGNATURE
	ADVISOR'S SIGNATURE

***If more space is needed please attach separate paper. Be sure to still include advisor's signature.

GROUP INFORMATION:

Room Request: (Circle One) 4-person 6-person 5-person

Names of Students Requesting Room: (Please include name, student ID # and check current grade level)

1. _____	ID # _____	<input type="checkbox"/> Senior	<input type="checkbox"/> Junior	<input type="checkbox"/> Sophomore
2. _____	ID # _____	<input type="checkbox"/> Senior	<input type="checkbox"/> Junior	<input type="checkbox"/> Sophomore
3. _____	ID # _____	<input type="checkbox"/> Senior	<input type="checkbox"/> Junior	<input type="checkbox"/> Sophomore
4. _____	ID # _____	<input type="checkbox"/> Senior	<input type="checkbox"/> Junior	<input type="checkbox"/> Sophomore
5. _____	ID # _____	<input type="checkbox"/> Senior	<input type="checkbox"/> Junior	<input type="checkbox"/> Sophomore

EMERGENCY INFORMATION:

Father/Guardian	Home Phone #	Work Phone #
------------------------	---------------------	---------------------

Street Address	City	State	Zip
-----------------------	-------------	--------------	------------

Mother/Guardian	Home Phone #	Work Phone #
------------------------	---------------------	---------------------

Street Address	City	State	Zip
-----------------------	-------------	--------------	------------

I _____ agree to the terms of the villa housing agreement, with the understanding that the contract will sustain for one academic year of two semesters. I hereby accept the rules and regulations of the agreement that Indiana Tech has set in place with the awareness that any offense in which the rules are not followed could result in eviction from the villas.

Signature of Student

Date of Application

OFFICE USE ONLY	
Date Received:	_____
Individual Points:	
• GPA:	_____
• Credit Hours:	_____
• Extra-Curricular:	_____
○ Athletics:	_____
○ Clubs/Orgs:	_____
○ Tutor:	_____
TOTAL: (Individual)	_____
GROUP TOTAL:	_____