



Application for Campus Housing 2004-05

OFFICE OF HOUSING & RESIDENCE LIFE

The University of Virginia's College at Wise
1 College Avenue • Wise, VA 24293-4412

E-MAIL wisehousing@virginia.edu
PHONE (800) 468-3412 • (276) 328-0214
FAX (276) 376-1068
WEB www.uvawise.edu

Please print or type legibly.

Name _____
Last First M. I. Preferred

SSN _____ Birth date _____ Sex Male Female

Home address _____ E-mail _____
PO Box/Street Address

City _____ State _____ Zip code _____ Home phone () _____

Emergency contact person _____ () _____
Name Relationship Telephone

Class NEW — freshman transfer RETURNING — sophomore junior senior
[circle one] [circle one]

Special needs resulting from physical impairment? yes* no *If yes, attach written documentation.

Residence hall preference _____ Asbury _____ Henson¹ _____ McCraray^{1,2} _____ M. Randolph _____ Theme House^{1,2} _____ Thompson _____ Townhouses
Rank each hall above, with 1 being first choice. ¹tobacco-free facility ²alcohol-free facility

Roommate(s) preference _____
Please list name and social security number for each roommate preference.

Receiving which choice is more important? roommate(s) residence hall

Lifestyle Do you smoke? yes no
Would you accept a roommate that smokes? yes no
Will you bring a car to campus? yes no
How do you rate your housekeeping? neat average messy
How involved are you in extracurricular activities? very somewhat not
Do you...? retire early retire late sleep w/music sleep w/o music

I hereby submit my Application for Housing to The University of Virginia's College at Wise. I certify that the above information is true to the best of my knowledge. My signature below indicates that I have received, read, and understand all the terms and conditions of the 2004-05 Housing Agreement, including payment of charges and forfeitures when due. **My required \$150 pre-payment for room reservation is enclosed.** The 2004-05 Housing Agreement is for one academic year (fall & spring semesters).

Student signature _____ Date _____

Parent/guardian signature* _____ Date _____

*Required if student is under 18 years old

Return this application and pre-payment to the Office of Housing & Residence Life at the above address.

Questions? Contact Jeff Howard, Director of Student Affairs at (276) 328-0214 or via e-mail at wisehousing@virginia.edu.

• • OFFICE USE ONLY • •

Asb Hen McC MR The Th Town Room _____ Date received _____