BIOLA UNIVERSITY

Graduate Single Housing Application

This application is for which semester?
[ ] Fall [ ] Interterm of what year?_____
[ ] Spring [ ] Summer

Please send completed application to:
Auxiliary Services Biola University
13800 Biola Ave
La Mirada, California 90639-0001

Name_____ Sex: M / F
Last *First* *Middle*

Program _____Birth Date: _____ Biola Student ID, if known: _____

Address _____
Street *City/State* *ZIP*

Country_____

Phone _____ E-Mail Address: _____

Preferred move in date (If Known): _____ Admissions Counselor: _____

Desired Room Occupancy:	Are you willing to share a room if no single rooms remain?
___ 2 persons/bedroom ___ 1 person/ bedroom	Yes ___ Comments: No ___ _____ Maybe ___ _____

Do you have a car? Yes No Do you plan to get a car when you arrive? Yes No Maybe

Make/Model: _____ Year: _____ Color: _____ Plate #:_____

IMPORTANT: If we cannot provide you housing, do you want your contact information published on a list sent to other graduate students interested in sharing housing? If so, please sign below: *I give permission for Biola University to publish my name, address, phone number and e-mail address on a Graduate Housing waiting list. I understand this list will be mailed to other students on the waiting list.*
Signature: _____

SLEEPING/WAKING HABITS			MUSIC PREFERENCE
[ ] Waken Easily	[ ] Stay up late	[ ] Morning Person	Volume: [ ] Soft
[ ] Sleep Through Anything	[ ] Early to bed	[ ] Late Riser	[ ] Medium
			[ ] Loud
[ ] Other _____	[ ] Other _____	[ ] Other _____	Style(s): _____

STUDY HABITS:			ROOM ENVIRONMENT PREFERENCE:	
[ ] Morning	[ ] In room	[ ] With Music	[ ] Orderly	[ ] Casual/Messy
[ ] Day	[ ] Library	[ ] No Noise	[ ] Orderly/Casual	[ ] Messy
[ ] Evening	[ ] Other	[ ] Either	[ ] Casual	
[ ] Late Evening				

Special Circumstances:_____

For office use only: **Date Received**_____
Status_____
Assigned_____
Response_____