

# 2024-2025 Housing & Dining Application Form



**PERSONAL INFORMATION:** (please print clearly)

MUSTANG ID:	DATE OF BIRTH: (MM/DD/YYYY)	
NAME: <span style="margin-left: 100px;">Last</span> <span style="margin-left: 150px;">First</span> <span style="margin-left: 100px;">M.I.</span>		
CELL #: (      )	HOME #: (      )	
PERMANENT ADDRESS:		
CITY:	STATE:	ZIP CODE:
SMSU EMAIL:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

I certify that I have read the terms and conditions of the Contract and have reviewed the approximate cost sheet, and agree to the conditions stated therein. I further acknowledge that the Residence Hall Handbook, A Guide to Community Living, and the SMSU Student Handbook are part of the Contract. I will read them on the SMSU website, understanding that these documents are part of the Contract. I also certify that all representations made on my Residence Hall Questionnaire are true and correct. Upon acceptance by the Residence Life Office, this contract is binding upon me unless otherwise ended per the stipulations of the Contract. An inability to accommodate my requests or preferences does not void this Contract.

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If student is under 18)*

**TO PAY YOUR DEPOSIT BY CREDIT CARD:** (Please print)

Circle card type: **VISA** or **MC**    Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Exp \_\_\_\_/\_\_\_\_    CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE BOTH SIDES AND RETURN THE COMPLETED FORM WITH YOUR \$100 PREPAYMENT TO:  
 Residence Life Office, Southwest Minnesota State University, 1501 State Street, Marshall, MN 56258.**

Please mail only checks or money orders made payable to Southwest Minnesota State University as payment.  
 The University will not discriminate in room assignments on the basis of race, color, creed, religion, age, national origin, or disability.  
 A member of the Minnesota State system. Equal opportunity educator and employer. ADA Accessible.

**FOR OFFICE USE ONLY:**

Cash     Check     Credit Card     Money order

\_\_\_\_\_  
 ASSIGNMENT: HOUSE AND ROOM #

\_\_\_\_\_  
 CHECK/MONEY ORDER #                      DATE

\_\_\_\_\_  
 ROOMTYPE                                      MEAL PLAN

\_\_\_\_\_  
 SMSU AUTHORIZED SIGNATURE

\_\_\_\_\_  
 BED LOFTED (For GW Complex & Sweetland Hall only)

# 2024-2025 Housing Questionnaire



**1 STUDENT INFORMATION:** (please print clearly)

SEMESTER YOU PLAN TO BEGIN LIVING IN RESIDENCE HALLS: (check one)  FALL  SPRING YEAR: 20\_\_\_\_

INTENDED MAJOR/ MINOR:

UPCOMING CLASSIFICATION: \_\_\_ PSEO \_\_\_ FRESHMAN \_\_\_ SOPHOMORE \_\_\_ JUNIOR \_\_\_ SENIOR

**2 ROOM TYPE:** (Rank #1 = most important #4 = least important)

\_\_\_DOUBLE      \_\_\_DOUBLE AS A SINGLE (not available in Sweetland Hall)      \_\_\_SINGLE      \_\_\_APARTMENT STYLE \*  
 \* (Priority given to Upperclass students. Special conditions apply to first-year students)

**3 COMMUNITY PREFERENCES:** (Check all that apply. Circle top priority.)

\_\_\_ Co-ed House      \_\_\_ All-Male House      \_\_\_ All-Female House  
 \_\_\_ First-year Only House      \_\_\_ Upperclass Only House      \_\_\_ First-Year & Upperclass mix  
 \_\_\_ Traditional Residence Hall      \_\_\_ Foundation Apartments      \_\_\_ Sweetland Hall  
 \_\_\_ Quiet Study House/Complex

**4 LEARNING COMMUNITIES (OPTIONAL):** (Subject to department approval. Communities are co-ed, mixed class level. Select only one)

\_\_\_ Access, Opportunity, Success House      \_\_\_ Agriculture House      \_\_\_ Exercise Science House  
 \_\_\_ Fine Arts House      \_\_\_ Culinology House

**5 SMOKING PREFERENCES:** (Our entire campus is tobacco and smoke free, the options below are necessary to make room assignments. We attempt to place students with same preferences because of allergies and sensitivities.)

DO YOU SMOKE?  YES  NO      DO YOU OBJECT TO A ROOMMATE WHO SMOKES?  YES  NO

**6 DO YOU HAVE A PHYSICAL CONDITION THAT REQUIRES SPECIAL ACCOMMODATIONS?**  YES\*  NO

\* If yes, your contract must be accompanied by documentation from your doctor.  
 Please explain: \_\_\_\_\_

**7 ROOMMATE REQUEST (OPTIONAL):** (Your requested roommate **MUST** also have your name on their application form.)

Mustang ID:	FIRST NAME:	LAST NAME:
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**8 MEAL PLAN OPTIONS:** (Meal plans & rates are subject to change. By signing this Application Form, You agree to pay the rates in effect for the academic year.)

14 meals per week plus \$150 Dining Dollars       19 meals per week plus \$50 Dining Dollars  
 10 meals per week plus \$400 Dining Dollars       Super Plus Plan ( available to upperclass students only)  
 \$300 Dining Dollars (available to apartment residents only. Apartment residents must have a minimum of \$300 Dining Dollars)  
**All Dining Dollars are provided on a semester basis.** Additional Dining Dollars may be purchased with a minimum of \$25 at anytime during the year at the Mustang Card Center or online at [www.SMSU.edu/MustangCard](http://www.SMSU.edu/MustangCard)