CLINTON COLLEGE | EST. 1894

1029 Crawford Rd. Rock Hill, SC Phone: (803) 327-7402

New Student Housing Application 2021-2022

Housing Application must be completed by all residential students.

Please complete all requested information and return the application to reslife@clintoncollege.edu. A **non-refundable housing deposit of $150 is required.** This deposit can be paid via cashier's check or money order made payable to: Clinton College or you can log into the Campus Café Student Portal located on the homepage of the Clinton College website (www.clintoncollege.edu).

This deposit is due at the time of application.

PLEASE NOTE: **Residential students must be fully vaccinated prior to moving on campus**.

Semester to occupy: _____ Fall 2021 and/or _____ Spring 2022

PERSONAL INFORMATION

Name_____ Gender: ____Female ____ Male
LAST FIRST MIDDLE

Clinton College Student ID # _____ Date of Birth_____/ _____/ _____
Month Day Year

If you need to retrieve your Clinton College Student ID, you may contact the Office of Admission's at 803-909-8166.

Permanent Mailing Address

_____
STREET CITY STATE ZIP CODE

Permanent Phone (_____) _____ Cell Phone (_____) _____

_____
E-mail Address

Have you received your Covid-19 vaccination? ☐Yes ☐No Have you completed your vaccinations and are fully vaccinated? ☐Yes ☐No
Please note that all student who reside in the living/learning center (residential hall) must be fully vaccinated

ROOMMATE REQUEST:
Note: Requests must be mutual. No nicknames; please list legal names. Requesting roommates does not guarantee the assignment. Requested roommate must be the same gender.

Requested Roommate Name_____

Requested Roommate Student ID _____ Phone (_____) _____

Do you have a disability that requires special housing accommodations? If so, please explain:

_____

ROOMMATE PREFERENCE:
Temperature Preference: ☐Cold (<70) ☐Semi-cold (between 70 and 74) ☐Moderate (between 74 and 78) ☐Warm (<78)

I prefer my room to be: ☐Extremely quiet ☐Quiet ☐Some background noise ☐Noisy ☐Noise doesn't matter to me

I expect to have guests, during visitation hours: ☐Never/Special Occasions only ☐1-2 times a week ☐ 3-5 times a week ☐Daily

What time of day are you most active: ☐Early morning ☐Late night Are you: ☐Tidy ☐ Untidy

List Hobby or Hobbies _____

I grant permission for Office of Residence Life to release the e-mail address I provided on this application to my assigned roommate: ☐**Yes** ☐**No**

I understand that the application fee is non-refundable.

(Signature) _____ Date _____
Please contact Residence Life in writing if you decide not to attend Clinton. NOTE: Clinton College does not make assignments based on ethnicity, religion, sexual preference, or national origin.

PLEASE NOTE: A deposit is required to hold a housing space. If you are not cleared by student accounts on or before May 31st, your hold will be removed, and the space will become available. The Office of Residence Life reserves the right to deny any housing application for reasonable cause**.**