



Housing Application 2024- 2025

Post University Campus Life

Submit to Campus Life Office or to grberry@post.edu

Application Information (Please Fill Completely & Print Clearly)

First Name/Last Name	Date of Birth (mm/dd/yyyy)	Age	Gender Identity	Athletic Sport	Honors Program (Y/N/Applied)
Permanent Address (Name, Street, Apartment Number)			City, State, Zip		Will you have a car on campus?
Country	Cell Phone		Student ID #		
Student Email Address			Current Major/Area of Study		

Emergency Contact Information (Parent/Guardian)

Parent/Guardian Address (number, street, apartment number, City, State, Zip):		Parent/Guardian Email
Parent/Guardian Name	Relation to Student	Cell Phone Number

Building Preferences:

Top 3 Building Choices

Apartment Style Housing: •Brown Building (downtown) •Okinaga Hall (lower campus). Traditional Style Housing: •East Hall •South Hall •Middle Hall •West Hall •Paparazzo Hall	1)	2)	3)
ROOMMATE REQUEST(S): Roommate requests must be mutual and are NOT guaranteed. Roommate requests are subject to space availability at the time of the request and may not be honored. Please include your request's full name. If you do not have a specific roommate request please put N/A.			
	1)	2)	3)

MEDICAL/SPECIAL NEEDS: Please specify any disability that may require special equipment/accommodations (Mobility, wheelchair, vision, hearing, etc.)

Additional Information

Grade Level at Post in Upcoming Semester: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ MBA/Grad Student	I am a: <input type="checkbox"/> Smoker <input type="checkbox"/> Non Smoker	My roommate should be: <input type="checkbox"/> Smoker <input type="checkbox"/> Non Smoker <input type="checkbox"/> Indifferent	I like a room that is: <input type="checkbox"/> Neat <input type="checkbox"/> Lived-In <input type="checkbox"/> Cluttered	Describe yourself:
	I usually go to sleep: <input type="checkbox"/> Early (9-10 PM) <input type="checkbox"/> Middle (10 PM-1 AM) <input type="checkbox"/> Late (1 AM- later)	I usually wake up: <input type="checkbox"/> Early (6-7 AM) <input type="checkbox"/> Middle (7 AM-10 AM) <input type="checkbox"/> Late (10 AM- later)	I prefer: <input type="checkbox"/> Quiet <input type="checkbox"/> Moderate <input type="checkbox"/> Loud	Describe your ideal roommate:
	I prefer a room that is: <input type="checkbox"/> Cold <input type="checkbox"/> Very Cold <input type="checkbox"/> Warm	I use my room for: <input type="checkbox"/> Studying <input type="checkbox"/> Recreation <input type="checkbox"/> Hanging w/ Friends <input type="checkbox"/> Sleeping	I am a: <input type="checkbox"/> First Year <input type="checkbox"/> Transfer <input type="checkbox"/> Prior Student Not in Housing	List any extracurricular activities you enjoy:

Consolidation Policy: I understand that the Office of Campus Life reserves the right to consolidate single rooms to make maximum use of available space. Consolidation may occur whenever a double room is occupied by only one student. **Student Initials:** _____

TERMS OF APPLICATION: This is my application to reside in a Post University Residence Hall. I understand that it is my responsibility to be cleared with Registrar and Financial Aid before submitting my Housing Application.

APPLICANT SIGNATURE: _____

DATE: _____