



Housing Application 2025- 2026

Post University Campus Life

Submit to the Office of Campus Life via email: campuslife@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 Name	Relation to Student	Cell Phone Number

Building Preferences:

- Apartment Style Housing:**
 •Brown Building (downtown)
 •Okinaga Hall (lower campus)
- Traditional Style Housing:**
 •East Hall
 •South Hall
 •Middle Hall
 •West Hall
 •Paparazzo Hall

Roommates/Roommate

1)	2)	3)
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Building Preferences

1)	2)	3)
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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 Semester: Freshman ___ Sophomore ___ Junior ___ Senior ___ MBA/Grad ___ Student ___	I am a: <input type="checkbox"/> Smoker Non <input type="checkbox"/> 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	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 prefer a room that is: <input type="checkbox"/> Cold <input type="checkbox"/> Very Cold <input type="checkbox"/> Warm	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:
Main Camous Meal Plan <input type="checkbox"/> All Access <input type="checkbox"/> Senior Plan (Must Have 90 Credits Complete)	Brown Building Meal Plan <input type="checkbox"/> Brown Building Plan (default 75 Meals) <input type="checkbox"/> All Access <input type="checkbox"/> Senior Plan (90 Credits)	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: _____