



RESIDENCE HALL APPLICATION

RETURN THE COMPLETED APPLICATION TO:
Residence Life Coordinator
College of Southern Idaho
PO Box 1238
Twin Falls, ID 83303-1238
(208) 732-6575

\$100.00 MUST accompany this application in order to be processed.

This Security Deposit is refundable upon proper check-out.

Make payment to: College of Southern Idaho.

Student ID Number _____

OFFICIAL USE ONLY

Date Paid _____

Receipt # _____

Name _____ Male Female
First Last Middle

Home Address _____
Street or P.O. Box City State or Country Zip

SSN _____ - _____ - _____ Age _____ DOB _____ - _____ - _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

E-Mail _____

Semester Date (i.e. Fall 06): Fall _____ Spring _____ Summer _____

Personal Physical Limitations or Special Needs/Requests, Please Describe in Detail

ROOMMATE INFORMATION

Would you like the Residence Hall Staff to match you up with a roommate: Yes No

If **NO**, please provide the following information (this person must be currently living or applying to Eagle Hall):

Requested Roommate Name _____ Contact Number (____) _____ - _____

OTHER INFORMATION

Are you receiving an Athletic Scholarship from the College of Southern Idaho: Yes No

If **YES**, which sport? _____

Cancellation of a room reservation must be requested in writing by July 15th for the fall semester and January 3rd for the spring semester, otherwise the \$100.00 security deposit will be forfeited. Any property damages will be deducted from the security deposit.

Your application WILL NOT BE PROCESSED unless it is fully and properly filled out!

Signature of Student _____ Date _____

College Approval _____ Date _____