

### New Resident Housing Application

Name \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Major \_\_\_\_\_

I am applying to move on campus in the:  Fall  Spring  Summer term of year 20\_\_\_\_

Baptist College provides handicap-accessible accommodations for students needing accessible housing. If you need any specific accommodations, please contact the Disabilities Services Coordinator at (901) 572-2570.

Due to space limitations, all new residents are assigned to a double occupancy room.

When possible, mutual roommate requests will be granted. Name of Roommate Requested \_\_\_\_\_

Student Status (circle one):     Current Student     New Freshman     New Transfer

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Room Assignments**

After current residents are assigned, room assignments are made for those applying by the stated deadline with *first* consideration given to freshman-status full-time students from outside the Memphis metropolitan area. *The Memphis metropolitan area includes Shelby, Tipton, and Fayette Counties in Tennessee, Crittenden County in Arkansas, and DeSoto County in Mississippi.* *Second* consideration is given to full-time freshmen from within the Memphis metropolitan area. *Third* consideration is given to all other full-time students. *Final* consideration will be given to students classified as part-time. ***Residence Hall assignments will be sent via campus email.***

**Room Assignment Confirmation**

A letter concerning your room assignment, pertinent dates, and procedures for moving into the Residence Hall will be ***emailed*** to your Baptist College email address.

**Residence Hall Eligibility**

You must meet Baptist College requirements for eligibility to live in the residence hall. On-campus housing is a privilege.

**Immunizations**

All residence students under 22 years of age must provide proof of the meningitis vaccine to the Residence Life Specialist before moving on campus.

**Cost**

*\*Fees are subject to change -please inquire about current fees when applying, or refer to the college website for current rates.* All residents will purchase a \$300 Baptist College dining card each term. This fee is placed on the student's account. **All fees are due by the fee payment deadline for the trimester.**

**Application Fee and Damage Deposit**

**A non-refundable application fee of \$100 must be paid at the time of submitting the application.** The check should be made payable to Baptist College of Health Sciences, and must be included with the application to be processed. A **\$250 damage deposit** is required **after** housing assignments are finalized and **before** the student moves into the room.

**Application Deadlines and Notification**

	<u>Priority</u>	<u>Final</u>
<b>Fall</b>	<b>March 1</b>	<b>May 1</b>
<b>Spring</b>	<b>September 1</b>	<b>October 1</b>
<b>Summer</b>	<b>March 15</b>	<b>March 15</b>

**Renter's Insurance and Liability** It is recommended that all residents obtain renter's insurance. Baptist College assumes no liability for an individual's personal belongings.

**Housing assignments are for both the Fall and Spring terms of the Academic Year. Your required Housing Contract will reflect this.**

- Providing a fraudulent Housing Application is grounds for loss of housing privileges.
- All residence hall rooms, as all Baptist College facilities, are tobacco free.
- **Students may not stay in the residence hall between terms.** There will be no exceptions.

**I understand that I must abide by all BAPTIST COLLEGE residence hall policies and am responsible for knowing and learning all policies. I understand that it is recommended I obtain renter's insurance and that I am responsible for my personal belongings, and the college bears no liability for such. By signing below, I further authorize BAPTIST COLLEGE officials to release my contact information to my roommate.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send application and application fee to:**

Baptist Memorial College of Health Sciences  
 Attn: Residence Life Specialist  
 1003 Monroe Avenue  
 Memphis, TN 38104  
 (901) 572-2670

**For office use only:**

Date Application Fee Paid: \_\_\_\_\_  
 Room Assignment: \_\_\_\_\_  
 Date of Room Assignment: \_\_\_\_\_  
 Date Damage Deposit Paid: \_\_\_\_\_  
 Date Student Moved Out: \_\_\_\_\_  
 Date Deposit Returned: \_\_\_\_\_