



Adult Horizon/Graduate Housing Application

Date: _____
Name: _____ ID#: _____
Academic Classification: _____ Degree: _____
E-Mail Address: _____
Current Address: _____
Permanent Address: _____ Phone: _____

Are you currently enrolled at Hollins University? [] Yes [] No
If not, when do you plan to enroll at Hollins University? _____
[] Male [] Female Do you have any disabilities of which we should be aware? If so, please explain: _____

If you have any physical limitations that require specific housing accommodations, you must provide documentation to the Director of Housing and Residence Life.

Roommate Choice

Name: _____ ID#: _____
[] Is currently in adult horizon/graduate housing. [] Has applied for AH/G housing.

If your roommate will be assigned by the Housing and Residence Life Office, please indicate your preferences:

I would prefer my roommate be: [] Smoker [] Non-Smoker
[] Early Bird [] Night Owl
[] Neat/casual [] Casual/messy
I would prefer to have: [] Social Space [] Study Space

Every effort will be made to comply with your requests, but preferences cannot be guaranteed.

Return to: Housing and Residence Life Office, Third Floor Moody Center
P.O. Box 9686, Roanoke VA 24020 Fax: 540-362-6399