

Please type or print clearly.

## General Information

Select the term and year you plan to attend Louisiana College:     Fall     Spring    Year: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender:     Male     Female

Email Address: \_\_\_\_\_ Marital Status:  Single  Married

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Have you been vaccinated for Meningitis (Required)?  Yes  No

## Roommate Information

*Please note: Roommate requests must be mutual, or applicants will be paired by Residence Life.*

I would like to room with: \_\_\_\_\_ He/she is a:  Current Student  Transfer

He/she is from: \_\_\_\_\_  
City State

What is your proposed major? \_\_\_\_\_

Do you plan to be on an LC athletic team?  Yes  No    If so, which one? \_\_\_\_\_

Which best describes you?  bed early/rise early  bed late/rise late  bed late/early rise  bed early/rise late

Which quality do you feel is most important in a roommate?  Outgoing  Athletic  Studious  High Morals

What is your denomination? \_\_\_\_\_

Would you like to room with an international student?     Yes     No     Possibly

Do you desire a roommate with the same major?     Yes     No     No opinion

Do you desire a roommate of the same denomination?     Yes     No     No opinion

Do you keep your room neat and clean?     Yes     No     Sometimes

I can study with music/TV/radio in the background.     Yes     No     Sometimes

Please attach  
a recent  
photograph  
here

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### Residency Requirements

Students may live off campus if:

- He/She live locally with a parent or guardian (within 50 miles)
- He/She turns 21 before the last day of registration
- He/She has completed 6 semesters of residence hall living
- He/She is enrolled for less than 12 hours of classes.

*Exemption forms are available in the office of Student Development.*

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I agree to read the Louisiana College Student Handbook and abide by all of its rules and regulations. I also agree that all of the information provided in this application is factual.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Please mail your completed application for Housing with a \$75 non-refundable deposit to:

Louisiana College Office of Admissions  
P.O. Box 566  
Pineville, La 71359-0560  
1.800.487.1906

### **FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Receipt Number: \_\_\_\_\_