

## **Graduate Housing Application**

Return application via email (grad.housing@biola.edu), fax (562-906-4567, attention Grad Housing), or in person (Student Services building, front desk).

When do you want to start in Housing? [ ] Fall [ ] Spring of what year?	Today's Da Preferred move in date (if know	ate	
Student's Name	First 1	Sex: M / F	
Biola Student ID (if known)	Date of B	Birth/	
	Admissions Counselor		
I anticipate graduating: [ ] Fall [ ] Spring of what	year? Have a car? [	]Yes [ ]No [ ]Maybe	
Permanent Home City/State		2	
City/State  Current Address (if different)		Country (if outside USA)	
Street	City/State	ZIP	
Phone Email A	ddress		
Preferred Room Occupancy [ ] 1 person/bedroom (s If no single rooms are available, are you willing to sh			
SLEEPING HABITS (mark which best describes you [ ] Waken Easily [ ] Stay Up [ ] Sleep Thru Anything [ ] Early to	ite [ ] Morning Person		
MUSIC PREFERENCES [ ] Volume: [ ] Soft [ ] Medium [ ] Loud Style	Study with Music [ ] Study withou	ut any Noise [ ] Either	
ROOM CLEANING PREFERENCES [ ] Very Clean	[ ] Clean/Casual [ ] Somewhat	Clean/Messy [ ] Messy	
STUDY [ ] In Room [ ] At Library [ ] Other	Study Time: [ ] Morning [ ] Day/	/Evening [ ] Late Night	
Hobbies, Personal Interests & Special Circumstance	s: (if any)		
Optional: If Biola cannot provide me with Housing, I gemail address with other Biola Graduate Students when the students with the students	no are looking for roommates. I sign		
For office use only:	Date Received	Received By	
Eligibility: In THD: Y/N   Enrolled: Y/N   Enrollment Deposit Offer: Response Due: Added GDoc List [ ] Added Rent Doc [ ] THD Assigned [ ]	Sent Hndbk [ ] Response & Date.	9:	
C/In Scheduled [ ] Added C/In GDoc [ ] C/In Packet [ ] Pa			