EAST MISSISSIPPI COMMUNITY COLLEGE

Optional
Sex: Male _____ Female _____

HOUSING DEPARTMENT

Housing Application for Returning Students

Name: _____
First Middle Last

Address: _____
P. O. Box, Route, Street

_____
City State Zip Code

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____/_____/_____
Month Day Year

Telephone Number: (_____) _____ - _____ **Cell Phone:** (_____) _____ - _____

* *

Hobbies: _____

Current Residence Hall: _____ Room Number: _____

Current Roommate(s): _____

Preferred Residence Hall for Upcoming Year: _____

Preferred Room for Upcoming Year: _____

Preferred Roommate(s) for Upcoming Year: _____

Please indicate by checking the appropriate area if you will be participating in any of the following							
Band		Baseball		Basketball		Cheerleading	
Football		Golf		Soccer		Softball	

My signature below indicates that I personally completed this form.

Signature: _____ Date: _____

East Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Dr. Jackie Stennis
Vice President, Scooba Campus
Davis Administration Building
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