

UTTC Residence Hall Application

Mail Residence Hall Application to: Residential Life Department
United Tribes Technical College
3315 University Drive Bismarck, ND 58504

I am applying for Residence Hall: Fall 20__ Spring 20__ Summer 20__

Personal Information (Please Print or type)

Full Legal Name: _____
(Last, First, Middle)

Mailing Address: _____ City: _____ State: _____
(Po Box or Street)

Zip: _____ Home Phone: _____ Cell #: _____

Date of Birth: _____ Male Female

Tribe Affiliation (If Applicable): _____

Email: _____

Residence Hall Preferences

Students that reside on campus only: Please indicate your choice of residence hall. Every effort will be made to assign you to your preference: however it is not guaranteed.

Halls: Itan'can Oyanke Leadership Lodge (Co-Ed) Sitting Bull (Male) Sakakawea Hall (Female)

Emergency Information (At least one contact is required)

Full name: _____ Relationship: _____

Address: _____ Home Phone: _____

Cell Phone: _____ Work: _____

Student's Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____
(Required if student is under 18)

Residential Life
ROOMATE QUESTIONNAIRE

Return with Housing Application
(This form applies to Dorm Students only)

Please fill out the following information below. Since the office of Residential Life will use the information to assign roommates, **it is important that the form be filled out by the student.**

Name _____ Date of Birth ____/____/____

What time would you expect to wake up during weekdays?

- 6:00am 7:00am 8:00am 9:00am 10:00am or later

What time you expect to go to seep during the weekdays?

- 8:00pm 9:00pm 10:00pm 11:00pm 12:00am or later

In what condition do you maintain your room?

- Organized Sloppy Fair

What is the sound level that you prefer while you're studying?

- Silence Little Noise Loud

Do you consider yourself: Shy Outgoing Neutral Loud

If having guests in your room, are someone who anticipates:

- Occasionally have a guest frequently having guests No guests at all

How would you describe the activity level in your room?

- Low Some Activity High Activity

Will you be joining in a sport? Yes No **if yes, do you want to live with a teammate? YES NO**

If you have already met someone that you would like to be your roommate, please list preferred roommate's full name: (Roommate must be mutual and will be contingent upon space available and the date applications are turned in)

1st Choice _____ **2nd Choice** _____

List some of your hobbies, interests or activities:

Do you have any special needs concerning your Residence Hall assignment?
