



UNITED TRIBES  
TECHNICAL COLLEGE

## Residence Hall Application

### Eligibility Requirements:

- Complete admissions and housing application
- Registered as a FULL-TIME degree-seeking student (Minimum 12 credits for fall/spring, 6 credits for summer)
- Attending in person classes at United Tribes Technical College
- **\$25.00 Non-Refundable Application Fee is required to process this application.** Money order or check Payable to United Tribes Technical College **or** Debit/Credit Card payment Call: 701-221-1425 or 701-221-1430

New applicants – once your status has reached the “Ready to Register” stage with Admissions, then you will be placed on the assignment or waiting list. *Incomplete applications will not be processed.*

Submit applications to:

**UTTC Housing Department**  
**3315 University Drive**  
**Bismarck, ND 58504**

or

Email: [residencelife@uttc.edu](mailto:residencelife@uttc.edu)

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Please Print Legibly

I am applying for:       Fall 20\_\_       Spring 20\_\_       Summer 20\_\_

Full Legal Name: \_\_\_\_\_  
(First, Middle, Last)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Emergency: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male       Female

Email: \_\_\_\_\_

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### Residence Hall Preferences

Please indicate your choice of residence hall. Every effort will be made to assign you to your preference, however, it is not guaranteed. **PLEASE NOTE:** if you have, a documented disability or medical condition and you need to request a specific room type you must first contact the Student Health Center at: 701-221-1331

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

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### Emergency Information (At least one contact is required)

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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

Please fill out the following information below. The Housing Department will use this information to assign an appropriate roommate. **It is important that the student fill out the form accordingly.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**What time do you expect to wake up during weekdays?**

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

**What time do you expect to go to sleep 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

**How often do you expect to have guests in your room?**

- Occasionally have a guest     frequently have 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)

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

List some of your hobbies, interests or activities: \_\_\_\_\_

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Required if student is under 18)