

New Student
 Returning Student

FLORIDA MEMORIAL UNIVERSITY
Residential Life Department
Room Reservation Application

Complete and return this application form with your room deposit to the **Bursar's Office**. The form will then be forwarded to the **Residential Life Office** with your receipt. **Completing the Room Reservation Application form along with paying the room deposit does not guarantee a bed space if you live within 10 miles of the University.** Students living within 10 miles of the campus names will be placed on a first come first serve waiting list. On campus housing may be granted to you after August 1, 2008 depending on space availability. If space is not available in housing, your **non-refundable** portion of your deposit will be posted to your student account.

All first-time students desiring to reside in on-campus housing are required to pay a deposit of \$250.00 (\$50.00 is a refundable key deposit). The remaining \$200.00 is a non-refundable room reservation fee that must be paid each academic year. Returning students must pay the \$200.00 non-refundable room reservation fee.

All payments must be submitted to the Bursar's Office, Florida Memorial University 15800 NW 42nd Avenue, Miami Gardens, FL 33054. The University does not accept personal checks. Only payments by Credit Card, Cashier's Checks and Money Orders payable to Florida Memorial University are acceptable.

On-campus housing space is limited. Room Reservation applications will not be processed without full prepayment of reservation fees.

Check all that apply: **Honor student requesting honor room (Goode Hall only – female)**
 Fraternity/Sorority Member requesting Greek Room
 Current Resident Residence Hall _____ Room _____

Name Last _____ First _____ Middle _____
Student Identification Number _____ Male Female Date of Birth __/__/__
Are you in need of special accommodations? Yes No yes please attach supporting documentation to this form.
Permanent Address: _____ City _____
County/Parish _____ State _____ Zip Code _____
Country _____ Home Telephone Number (____) ____ - _____
Name of relative nearest to the campus in case of emergency _____
Telephone Number of nearest relative _____
In case of emergency Parent Work Number (____) ____ - ____ Parent Cell Number (____) ____ - ____
Parent or Home email address _____ or _____

FOR OFFICE USE ONLY: Cumulative GPA _____ Residence Hall _____ Room Number _____
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