

SMCM OFFICE OF RESIDENCE LIFE WAIT LIST APPLICATION FORM

Print Name: _____ Student ID # _____

Room Draw #: _____ # of Credits (as of fall 2005): _____

WAIT LIST REQUEST

Please fill out and return this form to the Office of Residence Life, 102 Anne Arundel Hall if you wish to be on the waiting list for spaces that are currently blocked. If spaces open up, your signature authorizes the Office of Residence Life to reassign you based on the preferences listed below. If you wish to be reassigned with your current roommate, list his or her name below. If you wish to be reassigned with a different student, list his or her name instead. Only mutual written requests will be honored. Any reassignments are dependent on the availability of space, and will be based on credits.

HOUSING PREFERENCES

CH = Calvert, CD = Caroline, DD = Dorchester, PG = Prince George, QA = Queen Anne

CHOICES – Please identify a building and/or wing. Include if you want a double, triple, etc.

1 st
2 nd
3 rd

ROOMMATE PREFERENCE --person(s) must also list you on their form:

1.	2.
3.	4.

I understand that I will be reassigned if one of the aforementioned selections becomes available and I am the 1st eligible person for that space. If you change your mind and do not wish to be reassigned, please contact the Office of Residence Life by June 1, 2006.

Signature: _____ Date: _____

**REMEMBER TO BRING THIS SHEET TO THE OFFICE OF RESIDENCE LIFE, 102 ANNE ARUNDEL HALL
BY MAY 9, 2006 IF YOU WISH TO BE ON THE WAIT LIST**