

## **Vice-Presidency of Student Affairs** Box 118

Mayagüez, Puerto Rico 00681

FOR OFFICIAL USE
ROOM ASSIGNED:

## APPLICATION FOR THE STUDENT RESIDENCES

## PART I. REQUIREMENTS FOR ADMISSION TO STUDENT RESIDENCES

To be accepted to any of the Antillean Adventist University's Student Residencies, you must meet the following admission requirements:
□ Be admitted as a student at Antillean Adventist University
☐ Be single and of 21 years old or younger
☐ Pay a deposit of \$100
☐ Provide a certified letter of your criminal record
☐ Provide a medical authorization Form
☐ Provide one (1) 2x2 photo
PART II. APPLICANT'S INFORMATION
Name:
Gender: ☐ Male ☐ Female Civil Status: ☐ Single ☐ Married
Religion: ¿Baptized? ☐ Yes ☐ No E-mail:
Residential Address:
Postal Address:
PART III. FOOD PLAN
All students applying for student residences are required to have a meal plan. Please select the amount of money you wish to include:
☐ Plan A \$900.00 ☐ Plan B \$1,200.00 ☐ Plan C \$1,500.00
PART III. ACADEMIC INFORMATION FROM THE APPLICANT
Ethnic Group (for statistical purposes):
On a scale of 1-4, with 1 being the most important, indicate the order of importance of these aspects in your life:
A Organized Cleanliness Privacy Tranquility
B Academic Social Sports Spirituality
Music Preferences:
¿Which one describes your sleep patterns?  O I go to bed early / get up early  O I go to bed early / I get up late
O I go to bed early / get up early  O I go to bed late / I get up late
What kind of roommate do you consider yourself?
O Social OFriendly O Serious OQuite OShy O Sporty O High Moral Values OOther:
Are you Bilingual? • Yes • No (Please specify)
Have you ever had any disciplinary problems that caused you to be suspended, expelled, or convicted?□ No □ Yes (Explain in a letter)
PART V. TERMS AND CONDITIONS
I certify that I have read and accept the terms and conditions set forth above and that the information provided is true. I understand that falsifying any information in this application may disqualify me from any official list or waiting list. This application will be valid for an academic session.
Signature of Parent / Guardian: Date:
Student's Signature: Date: FOR OFFICAL USE ONLY
FOR OFFICAL USE ONLY  Application: ☐ Approved ☐ Denied ☐ Probation Deposit: ☐ No ☐ Yes Receipt Number: Contract Signed: ☐ No ☐ Yes  Student Residence: ☐ Ladies I ☐ Ladies II ☐ Male Observations: