

This form must be completed and returned with the \$100 non-refundable housing fee for all students who intend to live in the UArts Residence Halls in order for an apartment space to be reserved. This form will be used to determine room assignments.

Student Information: male female

Program: Acting Art + Media Exploration Dance Jazz Musical Theater

Last First Middle Initial

Street Address Apt #

City State Zip Country

Home Telephone Number Cell Phone Number

Fax Number E-mail address

Social Security Number

Date of Birth Age as of July 2008

Name of High School City and State of high school 2009 2010
Year of HS Graduation

Would you consider yourself:

Neat 1 2 3 4 5 Sloppy
Shy 1 2 3 4 5 Outgoing
Morning Person 1 2 3 4 5 Night Person

List three qualities that you feel are important in a roommate:

1. _____
2. _____
3. _____

Please list any medical, dietary, or religious requirements that may impact your living arrangements: (you may attach a separate sheet if necessary)

Roommate Request: If there is a particular student whom you would like as a roommate, please state their name and program below. Please note that both parties must request this arrangement . The Residential Life office will make every attempt to honor such requests.

Name of student you wish to reside with Program they are attending

SIGNATURES BELOW REQUIRED FOR ALL APPLICANTS

Student signature Date

Parent/Guardian Signature Date

The University of the Arts
Pre-College Programs
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