

Housing Application

Return this application by Email: reslife@friends.edu

Fax: 316.295.5215 or Mail: Friends University, Attn: Residence Life, 2100 W. University Ave., Wichita, KS 67213

First Name: _____ Last Name: _____

Date of Birth: _____ - _____ - _____ Gender: Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Student ID: NOO _____

Email: _____

Parent(s) Name(s): _____

Major Field(s) of Study: _____

College Classification: Freshman Sophomore Junior Senior

Are you a transfer student? Yes No

Reserve a room on campus: Fall 20____ Spring 20____ Summer 20____

Fine Arts Field(s): _____

Athletic Field(s): _____

How would you describe your room? Very Neat Okay Messy Pig Sty

When are you at your best? Morning (Morning Person) Night (Night Owl)

Do you Smoke? No Yes Number of Siblings: _____

How do you prefer to fall asleep? With Music or Noise Silence Either

How do you prefer to study? With Music or Noise Silence Either

Please describe your personality: _____

How do you prefer to spend your free time? _____

Is there someone you prefer as a roommate? _____