

NDSCS Apartment & Dining Application

Student ID # _____

- Please fill out this form and bring it to Riley 130 or mail it to NDSCS Residential Life, 800 6th St. N, Wahpeton ND 58076, along with the \$50 application fee.
- **ACCOMMODATIONS:** If you require accommodations with your room or meal plan due to a documented disability, contact Accessibility Services at 701-671-2623.
- **Please be aware that Residential Life reserves the right to deny placement due to:** Conduct or criminal history of anyone living in the unit and/or unpaid balance after Wildcat Fee Payment days of the previous semester.

Legal Name _____ Gender _____
Last First Middle

Age _____ Date of Birth ____/____/____ Email address _____

Home Address _____
Street City State Zip Country (if not USA)

Home Phone (____) _____ Cell Phone (____) _____

When do you want to start housing?

(Select One) Fall (Aug – Dec) Spring (Jan – May) Summer (June-July) Year: 20 _____

Emergency Contact: _____
First Name Last Name Phone Number Relationship to you

Check box by your mobile carrier to receive important housing notifications via text message from Residential Life!
(Msg & data rates apply)

AT&T Boost MetroPCS Nextel Sprint Ting T-Mobile US Cellular Verizon Virgin Mobile USA

Students must meet **one** of the following requirements to live in a campus apartment. Please place an "X" by the requirement you meet:

- _____ Student has lived in an NDSCS residence hall for at least two Semester
- _____ Student has completed 20 or more college credits
- _____ Student is married (**attach copy of marriage certificate**)
- _____ Student has a child that resides with them (**attach copy of birth certificate**)
- _____ Student will be 21 years of age or older at the time of placement

Indicate your apartment preference by placing a 1 next to your first choice, 2 next to your second choice, etc. (See back page for list of apartment features)

_____ Northwest Apartments _____ College Townhomes – furnished

_____ Southeast Apartments _____ College Townhomes – unfurnished

Are you married: Yes No
Spouse's Name: _____

Do you have minor children who will reside with you? Yes No
How many/Names: _____

ROOMMATE REQUESTS - Requests for a specific roommate must be mutual. Requests will be accepted but cannot be guaranteed.

Roommates Name & Hometown _____

Are you a student athlete? Yes No

*If yes, a letter of recommendation from your coach must accompany this application.

*Students that are in a program that requires them to be away from campus during the semester will **not** be provided a discounted rental rate while away from campus.

DINING PLAN - Please select your dining plan. For out-of-state students to receive in-state tuition rates, they must live on campus and carry either a 160, 225 or 300 dining plan.

- 80 Dining Plan/semester – averaging 5 meals per week
- 160 Dining Plan/semester – averaging 10 meals per week
- 225 Dining Plan/semester – averaging *14 meals per week
- 300 Dining Plan/semester – averaging *19 meals per week
- No Dining Plan

*225 & 300 dining plans include \$50 in dining dollars for use in the Wild Grounds Cafe or Flickertail Dining Room. The 160, 225 & 300 dining plans include 10 parent/guest meals per semester. The 80 dining plan includes 5 parent/guest meals per semester. *Requests for dining plan changes must be received prior to Wildcat Payment and Refund days.*

SUMMER DINING PLAN – Please select your summer dining plan.

- Dining Plan 1 – 78 meals/semester. *Average 2 meals per day.*
- Dining Plan 2 – 39 meals/semester. *Average of 1 meal per day.*
- No Dining Plan

***Summer dining plans are available Monday – Friday. There is no meal service Friday evening or weekends.**

PLEASE COMPLETE BACK PAGE OF APPLICATION

NDSCS Apartment Application

For the safety and security of the NDSCS community, all students applying to the North Dakota State College of Science apartments **MUST ANSWER THE FOLLOWING QUESTIONS**. An affirmative response to any of the following questions will not automatically prevent an assignment, but you will be asked to provide additional information. The information will be reviewed by the Department of Residential Life to review possible effects on campus safety. Any falsification or omission of the data may result in a denial of housing; rescission of an offer for an apartment; removal from housing; or other appropriate sanctions. **Please complete the following questions as they pertain to you and/or any family member who will reside in the apartment.**

If you answer "Yes" to any of the following questions, please attach the police report relating to the offense. You may also include a personal narrative explaining the nature of the offense(s) and surrounding circumstances. Residential Life may request additional documentation prior to making an assignment.

- Have you, or anyone who will be residing with you, pled guilty (or no contest) to or have otherwise been convicted of a crime in any court, excluding minor traffic violations?
 No Yes (If "Yes", please indicate ALL states, cities, counties, dates of convictions and attach official police reports).
 State _____ City _____ County _____ Date _____
 State _____ City _____ County _____ Date _____
- Are you, or anyone who will be residing with you, required to register as a sex offender in any state?
 No Yes (If "Yes", please indicate ALL states, cities, counties, dates of convictions and attach official police reports).
 State _____ City _____ County _____ Date _____
- Have you, or anyone who will be residing with you, been dismissed and/or suspended from a college or university for disciplinary reasons within the last five (5) years? Suspension is defined as a sanction imposed for disciplinary reason that results in a student leaving school for a set period of time, less than permanently. Dismissal from a college for disciplinary reasons is defined as a permanent separation from an institution of higher education on the basis of conduct or behavior.
 No Yes Institution dismissed or suspended from _____ Date of Suspension _____

REQUIRED SIGNATURE: By providing my signature below: I understand the information presented on this form will be used in evaluating my application for housing to a North Dakota University System Institution. I certify that all statements on this application are complete and true as of this date. I understand that this is an application for the duration of the entire academic year. I have read and agree to abide by the general conditions of this Application Contract and to the terms and conditions of the current version of the College Townhomes & Campus Apartment License Contract found at ndscs.edu/residential-life/forms and have included my \$50 apartment application fee. I understand the content of the license/contract is subject to change. I understand if I choose to cancel my fall housing and dining reservation, I must do so by contacting Residential Life on or before August 1st. If I choose to cancel my spring housing and dining reservation, I must do so prior to the first day of classes in the spring semester. I understand that if I cancel after the cancellation date, I will incur a \$50 late cancellation fee.

Student _____ Date ____ / ____ / ____ Parent _____
 (Student Signature) (Parent signature required if applicant is under 18 years of age.)

Apartment Housing Options

*All units include:

- Two Bedrooms – 1 Bathroom
- Full-size refrigerator
- Stove
- Unlimited access laundry
- Wireless Internet
- Cable television
- All utilities included

Northwest Apartments

- Located north of Blikre Activities Center
- Family housing
- Unfurnished
- Air conditioning

Southeast Apartments

- Located northeast of the Blikre Activities Center
- Family housing
- Unfurnished
- Air conditioning

College Townhomes

- Located north of the Southeast Apartments
- Split level units
- Select units are furnished with:
 - Two extra-long twin beds
 - Two desks with chairs
 - Two dressers
 - Dining table with chairs
 - Small sofa

NDSCS | live well.
 TOBACCO FREE CAMPUS

FOR COLLEGE USE ONLY		Registered? Yes No	BAO _____	CoCo _____	Credits _____
Check# _____	Cash _____	Credit Card _____	Payment Date ____ / ____ / ____		
_____ Application Fee Billed	_____ Custom Attributes	_____ Application List			