

WISCONSIN LUTHERAN COLLEGE

**INTERNATIONAL STUDENT
HOUSING CONTRACT**



Family Name: _____ Given Name: _____

E-mail: _____ Phone: _____ Gender: _____

I am entering as a: Freshman Sophomore Junior Senior

Do you object to rooming with someone who smokes? Yes No

Do you prefer to study with music on? Yes No

Do you generally: Go to sleep early (10-11 p.m.) Wake up early (before 7:30 a.m.)
 Go to sleep later Wake up later

Do you consider yourself to be a neat person? Yes No

Is neatness important to you? Yes No

Secondary School/College Entering From: _____

Intended Major: _____

Varsity Athletic Interests: _____

Other Interests: _____

Please list other factors which would help us in determining your roommate selection:

If you have a physical disability or condition that should be considered in your room assignment, please describe that condition and any special arrangement or equipment this may necessitate:

By completing this form, you are assured of a space in the residential facilities of Wisconsin Lutheran College. Its return with your signature indicates that you accept the terms of residence and that you intend to abide by the policies and regulations of the college while a resident

In addition, you agree that residence hall damage fees are your responsibility or that of your parents/guardians.

Student's Signature _____ Date: _____

Parent's Signature _____ Date: _____