

Residence Hall Application Office of Housing and Residence Life | ENMU Station 39

Phone: 575.562.2632 | Fax: 575.562.4321

Choose the one	that best appli	es to you:						
This is my fire	st year at ENMU.	I am a returning	g student,	, and have alı	ready lived on o	ampus.		
Student App	licant Informa	ation						
Legal name: Last:			First:			Middle:		
Preferred name:			Biological Sex: Male Female					
Gender: Male	e Female	Non-Binary						
			FN	JMIL TD num	hor			
Difficiate.			INMU ID number:					
Mailing address:			City:			State:	ZIP: _	
Phone: Mobile		Mobile phone	le phone:		ENM	U email: _		
Classification r	next term: Tre	shman Sophor	more [] Junior 🗌	Senior Gr	aduate		
Contract term r	equested: Fa	ll 20 Spring 20	[] Fall 20	only Sp	oring 20	only	
Residence Ha	all Preference	•						
All residence h	alls are coed. So	elect the correspor	_	m type that	is on the sam	e line as	the hall.	
(check one)	Guadalupe Eddy	Room type (choose Room type (choose		Suite Suite	Semiprivat Semiprivat		Double	Private
Second choice:	Curry	Room type (choose	e one):	Double	Private			
(check one)	Guadalupe	Room type (choose		Suite	Semiprivat	e suite		
(Eddy	Room type (choose		Suite	Semiprivat		Double	Private
Third choice:	Curry	Room type (choose	e one):	Double	Private			
(check one)	Guadalupe	Room type (choose	e one):	Suite	Semiprivat	e suite		
	Eddy	Room type (choose	e one):	Suite	Semiprivat	e suite	Double	Private
you indicate such		, suites and semiprivat e is an additional charg are available.)			•	-	-	
Meal Plan In	formation							
Please indicate	your Meal Plan	choice: Carte Bl	anche	Option 19	Option 14	Option	n 10	
you and Eastern Ne or the remainder of	w Mexico University the academic year	Agreement: The Reside . Your signature indicate if you enter into the agree are separate processes	es your com eement afte	nmitment to pay er the start of th	y for services for a ne fall semester. A	academic y	ear (fall and spr	ing semesters)
Meal Plan Terms	and Conditions: Th	e meal plan requiremen	t extends fo	or the academic	c year. For specific	: meal plan r	requirements an	d additional

information, contact the Office of Housing and Residence Life at 575.562.2631. Per University Residence Policy, students living in a residence hall are

Meal Plan Refunds: Refunds will be processed based on tuition and fees refund schedule. After Aug. 31, no refunds will be allowed unless a student officially withdraws from the University. Upon official withdrawal and cancellation in writing to Housing and Residence Life, refunds will

required to sign up for one of the four approved residence meal plans: Carte Blanche, Option 19, Option 14 or Option 10.

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be given on a weekly basis.

Assignment Preferences									
The following information will be used for your roommate assignment. We will try to honor your stated preferences, however, assignment preferences are limited to availability. Please choose one item for each category.									
I am a:	Smoker	Nonsmoker							
I prefer to live with a:	Smoker	Nonsmoker	☐ No preference						
I prefer going to sleep:	Before 11 p.m.	After 11 p.m.							
I prefer to keep my room:	Very neat	☐ Tidy	Clean, but messy						
I consider myself:	Very social	Social	Reserved						
I prefer a roommate who is:	Very social	Social	Reserved						
I plan to study:	Often (3+ hours per da	y) Some (1–3 hours per day)							
I prefer to study:	☐ In my room	Elsewhere in my dorm	☐ In the library						
I prefer to study with:	☐ Music/TV in backgroun	d No music/TV							
My musical preference is:	Alternative Rock	Classical	Country						
	Gospel	Hard rock	Rap						
	Rock	Soft rock/pop	Soul						
	Other (please specify):								
My special interests are:	I am a member of the	ENMU Athletics community. If so, wh	at team:						
	Baseball	Basketball	Cross country						
	Football	Rodeo	Soccer						
	Softball	Spirit squad	Track & field						
	Volleyball								
	I am a member of the	ENMU fine arts community. If so, wha	at discipline:						
	Art	Communication	Film						
	Music (band)	☐ Music (choir)	Theatre						
	Other (please specify):								
I would like to room with an international student.									
I plan to bring a computer th	nat I would like connected	d to the campus network.	Yes No						
I have physical disabilities o	r other conditions requiri	ng special housing consideration.	Yes No						
If yes, please indicate:									
Roommate Request Information									
If you are requesting a specific roommate, the Residence Hall Applications for both students should be submitted at the same time if possible, and the request must be mutual.									
Name of requested roommate:									
Emergency Contact Information									
Name		D. J.							
Name:		Relationship:							
Daytima nhana:		Evoning phono:							

Medical Information							
Do you have any medications or allergies?		Yes No					
Please list medications/allergies:							
Additional comments:							
Housing Deposit Payment Options							
Do you want to charge the required \$150 housing deposit to you If no, you do understand you must submit a \$150 deposit so we car		☐ Yes ☐ No ☐ Yes ☐ No					
Do you have an approved ESA/Service Animal through accessi	oility services?	Yes No					
You can pay with a credit or debit card by phone at 575.562.2632 or Housing and Residence Life ENMU Station 39 1500 S Ave K Portales, NM 88130	you can mail your check or money	order to:					
Acknowledgement and Signature							
I understand my \$150 housing deposit will be refunded only if a writ academic year (fall and spring semesters), Jan. 1 for spring only.	ten request for cancellation is rece	ived by: Aug. 1 for					
When I sign this application, I am agreeing to the terms and conditi to pay all room and board fees when due, to abide by all the rules, re Guide to Campus Living, and supporting documents covering room a University. This agreement terminates at the end of the spring seme constitute release from the agreement.	gulations and policies as outlined i and board accommodations at East	in the Student Handbook, tern New Mexico					
Applicant signature:	Date:						
Legal guardian signature required if housing applicant is 17 years of	d or younger.						
Legal guardian signature:	Date:						
Family Educational Rights and Privacy Act (FERPA) A	cknowledgement and Signa	ature					
I give permission for the following persons to have access to my housing	g information and records for (check	all that apply):					
☐ Housing and meal plan charges ☐ Disciplinary issues ☐ Othe	er (please indicate):						
Name: First:	Last:						
Relationship to student applicant:							
Name: First:	Last:						
Relationship to student applicant:							
I understand that this permission form is applicable only for the Offithe end of the contract term noted above. I also understand that I medecide I no longer want permission given to those listed above, it is Residence Life in writing. (Note: the offices of Counseling and Caree Health Services have their own specific information release forms.)	ust file a new permission form for establishing solely my responsibility to notify the	each school year. If I ne Office of Housing and					
Applicant signature:	Date:						