Instructions for

Intent-to-Enroll Fee & Housing Damage Deposit

Dear Prospective Student:

Enclosed is your housing application. Please complete the form and return it to the STUDENT ACCOUNTS OFFICE along with your $200 Intent-to-Enroll fee and $250 Housing damage deposit (of which $50.00 will be non-refundable) in the form of a Certified Check or Cashier's Check before June 1st.

NO PERSONAL CHECKS ACCEPTED!

Please note the following:

1. **You must be accepted and financially cleared prior to receiving a room assignment.**
2. The Intent-to-Enroll fee and Housing damage deposit must be paid in full.
3. Include your ID number on the application AND on your **certified check**.
4. Roommate requests are not guaranteed, however, EARLY acceptance and financially cleared applicants will be given every consideration.
5. Please indicate your meal plan choice. Receiving this information will expedite your registration process.

If you need additional information relative to housing or the room damage deposit please contact the Office of Student Services at (256)726-7400.

MAIL TO: **OAKWOOD UNIVERSITY**
Office of Student Accounts
7000 Adventist Blvd. N.W.
Huntsville, Alabama 35896

The Intent-to-Enroll fee of $200 and the Housing damage deposit of $250 MUST accompany this application.

OAKWOOD UNIVERSITY

7000 Adventist Boulevard, NW • Huntsville, Alabama 35896
Phone: (256) 726-7400
FAXES NOT ACCEPTED

PASSPORT SIZE PHOTO REQUIRED

ATTACH PHOTO HERE

HOUSING APPLICATION

STUDENT INFORMATION

ID NUMBER: _____ BIRTHDATE: _____/_____/_____ AGE_____
Month Day Year

NAME: _____
Last First MI

PERMANENT ADDRESS: _____
City State Zip

CELL# ( )_____ HOME# ( )_____ WORK# ( )_____

SEX: ☐ MALE ☐ FEMALE CURRENT SCHOOL CLASSIFICATION: ☐ FR. ☐ SOPH. ☐ JR. ☐ SR.

DECLARED MAJOR:_____ ENROLLMENT TERM: ☐Fall ☐Spring Year_____

MEAL PLAN CHOICE: ☐ 8 Meals Weekly /500 flex $ ☐ 10 Meals Weekly /400 flex $ ☐ 12 Meals Weekly /350 flex $
☐ 14 Meals Weekly /300 flex $

MEDICAL INFORMATION

☐ Medical considerations (handicaps, medications, etc.)_____

_____

EMERGENCY CONTACT INFO

NAME: _____
Last First

ADDRESS:_____
City State Zip

CELL# ( )_____ HOME# ( )_____ WORK# ( )_____

NAME: _____
Last First

ADDRESS:_____
City State Zip

CELL# ( )_____ HOME# ( )_____ WORK# ( )_____

I agree to abide by the regulations of Oakwood University pertaining to Residential life and Student conduct in general. I further understand that as a campus resident I am required to have a meal plan.

_____
SIGNATURE DATE

ACCEPTED	☐ Yes ☐ No	☐ CARTER HALL	☐ HOLLAND HALL
FINANCIALLY CLEARED	☐ Yes ☐ No	☐ WADE HALL	☐ EDWARDS HALL
DAMAGE DEPOSIT	☐ Yes ☐ No	☐ OTHER _____	
INTENT – TO – ENROLL FEE	☐ Yes ☐ No		

FOR OFFICE USE ONLY

ROOM #:_____

See Other Side - Turn Over