

# 2025-2026 Housing & Dining Application Form



**PERSONAL INFORMATION:** (please print clearly)

MUSTANG ID:		DATE OF BIRTH: (MM/DD/YYYY)	
NAME:	Last	First	M.I.
CELL #: (      )		HOME #: (      )	
PERMANENT ADDRESS:			
CITY:		STATE:	ZIP CODE:
SMSU EMAIL:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

I certify that I have read the terms and conditions of the Contract and have reviewed the approximate cost sheet, and agree to the conditions stated therein. I further acknowledge that the Residence Hall Handbook, A Guide to Community Living, and the SMSU Student Handbook are part of the Contract. I will read them on the SMSU website, understanding that these documents are part of the Contract. I also certify that all representations made on my Residence Hall Questionnaire are true and correct. Upon acceptance by the Residence Life Office, this contract is binding upon me unless otherwise ended per the stipulations of the Contract. An inability to accommodate my requests or preferences does not void this Contract.

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If student is under 18)*

**TO PAY YOUR DEPOSIT BY CREDIT CARD:** (Please print)

Circle card type: **VISA** or **MC**    Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Exp \_\_\_\_/\_\_\_\_    CVV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE BOTH SIDES AND RETURN THE COMPLETED FORM WITH YOUR \$100 PREPAYMENT TO:**

**Residence Life Office, Southwest Minnesota State University, 1501 State Street, Marshall, MN 56258.**

Please mail only checks or money orders made payable to Southwest Minnesota State University as payment.  
 The University will not discriminate in room assignments on the basis of race, color, creed, religion, age, national origin, or disability.  
 A member of the Minnesota State system. Equal opportunity educator and employer. ADA Accessible.

**FOR OFFICE USE ONLY:**

Cash     Check     Credit Card     Money order

\_\_\_\_\_  
 ASSIGNMENT: HOUSE AND ROOM #

\_\_\_\_\_  
 CHECK/MONEY ORDER #                      DATE

\_\_\_\_\_  
 ROOMTYPE                                      MEAL PLAN

\_\_\_\_\_  
 SMSU AUTHORIZED SIGNATURE

\_\_\_\_\_  
 BED LOFTED (For GW Complex & Sweetland Hall only)

<b>1 STUDENT INFORMATION:</b> (please print clearly)		
SEMESTER YOU PLAN TO BEGIN LIVING IN RESIDENCE HALLS: (check one) <input type="checkbox"/> FALL <input type="checkbox"/> SPRING YEAR: 20____		
INTENDED MAJOR/ MINOR:		
UPCOMING CLASSIFICATION: ___ PSEO ___ FRESHMAN ___ SOPHOMORE ___ JUNIOR ___ SENIOR		
<b>2 ROOM TYPE:</b> (Rank #1 = most important #4 = least important)		
___DOUBLE	___DOUBLE AS A SINGLE <small>(not available in Sweetland Hall)</small>	___SINGLE
		___APARTMENT STYLE * <small>* (Priority given to Upperclass students. Special conditions apply to first-year students)</small>
<b>3 COMMUNITY PREFERENCES:</b> (Check all that apply. Circle top priority.)		
___ Co-ed House	___ All-Male House	___ All-Female House
___ First-year Only House	___ Upperclass Only House	___ First-Year & Upperclass mix
___ Traditional Residence Hall	___ Foundation Apartments	___ Sweetland Hall
<b>4 LEARNING COMMUNITIES (OPTIONAL):</b> (Subject to department approval. Communities are co-ed, mixed class level. Select only one)		
___ Access, Opportunity, Success House	___ Agriculture House	___ Exercise Science House
___ Mustang Pathways House	___ Fine Arts House	___ Culinology House
___ School of Education House		
<b>5 SMOKING PREFERENCES:</b> <small>(Our entire campus is tobacco and smoke free, the options below are necessary to make room assignments. We attempt to place students with same preferences because of allergies and sensitivities.)</small>		
DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU OBJECT TO A ROOMMATE WHO SMOKES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>6 DO YOU HAVE A PHYSICAL CONDITION THAT REQUIRES SPECIAL ACCOMMODATIONS?</b> <input type="checkbox"/> YES* <input type="checkbox"/> NO		
<small>* If yes, your contract must be accompanied by documentation from your doctor.</small>		
Please explain: _____		
_____		
<b>7 ROOMMATE REQUEST (OPTIONAL):</b> (Your requested roommate <u>MUST</u> also have your name on their application form.)		
Mustang ID:	FIRST NAME:	LAST NAME:
<b>8 MEAL PLAN OPTIONS:</b> (Meal plans & rates are subject to change. By signing this Application Form, You agree to pay the rates in effect for the academic year.)		
<input type="checkbox"/> 14 meals per week plus \$150 Dining Dollars <input type="checkbox"/> 10 meals per week plus \$450 Dining Dollars <input type="checkbox"/> 19 meals per week plus \$50 Dining Dollars <input type="checkbox"/> \$300 Dining Dollars (available to apartment residents only. <small>Apartment residents must have a minimum of \$300 Dining Dollars)</small> <input type="checkbox"/> \$500 Dining Dollars (available to apartment residents only.)	<input type="checkbox"/> Super Plus Plan (available to upper-class students only) <input type="checkbox"/> M4L 50 meals per semester plus \$705 Dining Dollars (must be upper-class student residing on campus) <input type="checkbox"/> M4L 75 meals per semester plus \$455 Dining Dollars (must be upper-class student residing on campus)	