

Residential Life APPLICATION

Middle Tennessee State University
Murfreesboro, Tennessee

Office Use Only

Date Received: _____
Receipt #: _____

Please return the completed application along with the appropriate payment to *Housing and Residential Life, Middle Tennessee State University, 1301 E. Main St., MTSU Box 6, Murfreesboro, TN 37132*. No assignment will be made until the application/agreement, Meningitis information, Financial Guarantor Addendum (if under 18 at time of application), and current prepayment are received. **Please print with ink or type.**

I am requesting on-campus housing for the following periods:

ACADEMIC YEAR 20 _____ (Fall and Spring Terms)	SPRING TERM 20 _____ ONLY	SUMMER APPLICATIONS UPON REQUEST
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APPLICATION TYPE

UNDERGRADUATE <input type="checkbox"/> Freshman (0-29 hours) <input type="checkbox"/> Upperclassman (30-120+ hours)	GRADUATE <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	FAMILY <input type="checkbox"/> Single with dependents <input type="checkbox"/> Married <input type="checkbox"/> Married with dependents
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STUDENT INFORMATION

Legal Name (do not use nicknames)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	M Number	Birthdate (mo., day, year)	
Home Address (No., Street, Apt.)	City	State	ZIP	Country
Area Code/Student's Cell Phone	Student's MTSU Email Address—we use MTSU email exclusively!			

EMERGENCY CONTACT INFORMATION

Name	Address	City	State	ZIP
Area Code/Parent's Phone		Parent's Email Address		

SINGLE STUDENT REQUESTS

At MTSU we utilize a process called self-assignment. With self-assignment, students who apply for the academic year and complete the application process before the deadline in June or we are fully occupied (whichever occurs first) have the opportunity to select their own on-campus room based upon available space. **Students with roommate requests are strongly encouraged to coordinate completed applications early** so that both students are eligible to self-assign at the same time and while rooms with two vacancies are available. If your requested roommate has a different self-assignment date as you, we encourage you to select a space for yourself with the understanding that no space will be reserved for your roommate. You may look for vacancies elsewhere, and change your assignment as many times as you would like for as long as the self-assignment system is open.

Students applying for the academic year who do not complete the application process before the deadline in June, who are on our Waiting List, and/or who are applying for Spring Only will be assigned by housing staff.

ROOMMATE MATCH

<input type="checkbox"/> I am a Freshman	<input type="checkbox"/> I am an Upperclassman
<input type="checkbox"/> I am a non-smoker	<input type="checkbox"/> I am an Older Student (23+)
<input type="checkbox"/> I like loud music	<input type="checkbox"/> I prefer to study in my room
<input type="checkbox"/> I keep a high standard of cleanliness in my room	<input type="checkbox"/> I prefer a quiet room when studying
<input type="checkbox"/> I prefer to be awake and active before 9 a.m.	<input type="checkbox"/> I am routinely still awake after midnight
<input type="checkbox"/> I prefer a quiet and restful room for sleep	<input type="checkbox"/> I am a light sleeper or awoken easily
<input type="checkbox"/> I spend a large amount of my free time gaming	<input type="checkbox"/> I like to have friends hang out in my room
<input type="checkbox"/> I plan to spend most/all weekends on campus	<input type="checkbox"/> I consider myself social/outgoing/extroverted
<input type="checkbox"/> I like the thermostat below 70 degrees F	<input type="checkbox"/> I prefer a roommate with a similar major
<input type="checkbox"/> I am comfortable with my roommate borrowing my things	<input type="checkbox"/> I am comfortable living with a service or emotional support animal
<input type="checkbox"/> University community members will have a multitude of characteristics that may be different from my own. I am excited about the possibility of having a roommate that reflects this diversity	

FAMILY REQUESTS

At the time of application, all students requesting accommodations for a spouse and/or dependent(s) **MUST** provide a copy of a marriage certificate and/or birth certificates for each dependent.

Spouse’s legal name (do not use nicknames) _____

M Number (for office use only) _____ Birthdate (mo., day, yr.) _____

Will spouse be a student? Yes No

One-bedroom apt., semi-furnished

Two-bedroom apt., unfurnished

Dependent(s) who will reside with you:

Name (last, first, middle)	Birthdate	Male	Female

DISABILITY ACCESS NEEDS

Do you have a disability or medical diagnosis warranting consideration in making your assignment? Yes No

Please detail any disability or medical diagnosis related accommodation you may need (wheelchair access, hearing and vision impairment access, personal care attendant, etc.). Do not include medical documentation with this application. If documentation or any other information is needed, you will be contacted by a representative from Residential Living.

Service Animals: Service animals are not regarded as an accommodation, so that need does not have to be disclosed. However, Residential Living would appreciate the disclosure in this accommodation section so we can prepare the best fit possible. Vaccination records are required and must be kept up to date. We encourage each student with a disability or medical diagnosis to contact the Disability and Access Center at (615) 898 2783. Specify considerations:

MENINGITIS VACCINATION REQUIREMENT

All students under age 22 who are enrolling at MTSU for the first time, regardless of the level at which the student is matriculating, AND who will be living in on-campus housing, must show proof of adequate immunization against meningitis prior to being assigned to on-campus housing. "Adequate Immunization" means that students must have been vaccinated on or after their 16th birthday and within the last five years. **Meningitis vaccine must be quadrivalent conjugated meningococcal vaccine (MCV4 – Serogroups A,C,W-135,&Y) to meet requirement. Meningitis B vaccination is also recommended by the CDC, but not required at this time.**

SEX OFFENDER NOTICE

Because TCA §40-39-211 prohibits sex offenders required to register under TCA Title 40, Chapter 39, Part 2 from knowingly establishing a primary or secondary residence or any other living accommodation within one thousand feet (1,000') of the property line of any public, private or parochial school, licensed day care center, other child care facility, public park, playground recreation center or public athletic field available for use by the general public, registered sex offenders are not eligible for housing at our institution. By my signature below, I verify that I am not required to register as a sex offender under TCA Title 40, Chapter 39, Part 2.

TERMS OF APPLICATION AND LICENSE AGREEMENT

This is my application and license agreement to reside in a Middle Tennessee State University residential community. I agree to pay the required prepayment fees (see current rates) for the academic year for which I am applying. (One-half of the prepayment for spring term only.) Failure to cancel this application in writing by the deadlines stated in the license agreement will result in financial penalties. By signing this application and license agreement, I accept all terms and provisions of the attached license agreement and understand the agreement is for the full academic year; including both fall and spring terms (and remaining portion thereof). I verify that I am not required to register as a sex offender under TCA Title 40, Chapter 39, Part 2. I agree to accept the accommodations assigned. I verify all information included in this application is complete and accurate.

Applicant signature _____ Date _____

Spouse signature _____ Date _____

Legal guardian signature (if student is under 18) _____ Date _____

Please note: All students who make application prior to their 18th birthday are required to file a Financial Guarantor Addendum to the Housing Application before their application can be completed. This form should be completed by a parent/guardian or the person who will be responsible for paying for the student’s education. The form must be signed and dated by the parent/guardian in front of a notary public. Once it has been completed and notarized, please mail the original to: Housing and Residential Life, Middle Tennessee State University, P.O. Box 6, Murfreesboro, TN 37132. We are not allowed to accept scanned, emailed, screenshots, or faxed copies of the guarantor form.

Financial Guarantor Addendum to the Housing Application

(required for students who apply before their 18th birthday)

By signing this addendum, the undersigned "Guarantor" absolutely, unconditionally, and irrevocably agrees to assume full legal financial responsibility for payment of all outstanding balances and the obligations imposed on the "Student" identified below by the conditions and covenants contained in the Middle Tennessee State University Housing License Agreement. Additionally, Guarantor confirms that he/she has read and agrees to the terms and conditions contained within the MTSU Housing License Agreement. Guarantor further confirms that he/she is the Parent or Legal Guardian of the "Student" referenced below and that he/she is responsible and solvent.

Section A: GUARANTOR

Last Name	First Name	MI	Social Security Number
Permanent Address			Telephone Number ()
City	State	ZIP Code	Date of Birth (mm/dd/yyyy)
Email Address		Driver's License State, Number State #	
Employer Name	Address, City, State, ZIP		Work Telephone # ()

Section B: STUDENT

Student Name (Last, First, MI)	Student M Number
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Section C: GUARANTOR

- a. I authorize the school and their respective agents and contractors to contact me regarding any debt for which I am serving as a guarantor or for which I am associated in connection with the above student, in regards to said student's application and contract with MTSU student housing, at my current, or any future number(s) and/or address(es).
- b. If this debt is ever in default, I will pay reasonable collection costs as allowed by law, including, but not limited to, collection agency fees (which may be based on a percentage and at a maximum of 33 1/3% of the debt), attorney fees, court costs and other associated fees.
- c. I understand that this is an addendum to the student housing application and contract, and in accordance with the housing license agreement. I attest that I read said application and contract, including the housing license agreement, prior to signing this addendum. I am entitled to a copy of this addendum. My signature certifies I have read, understand, and agree to the terms and conditions of this addendum.
- d. Signature of the guarantor **must be notarized** by a Notary Public and original returned. No faxes, scans, emails, or screenshots can be accepted. **Mail to Housing and Residential Life, MTSU Box 6, Murfreesboro, TN 37132.**
- e. Under penalty of perjury, I certify that the information contained in the Guarantor Section of this addendum is true, complete, and correct.

GUARANTOR Signature _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

MTSU Student Health Services
Certificate of Immunizations

Name (clearly print): _____ MTSU ID: M _____

Date of Birth (mm/dd/yyyy) : _____ Primary Cellphone: _____

INSTRUCTIONS: Immunization information must be completed, uploaded, and approved in order to register for full time classes at Middle Tennessee State University. The health care provider’s signature and office stamp (with address and phone number) must be noted in the appropriate space or a copy of medical records with evidence of required immunizations must be provided. An alternate proof of immunity (titers) or medical exemptions documenting contraindication of vaccinations may be attached. You may request an exemption for medical/religious reasons – see Health Services website for more information.

How to Submit: Immunization forms must be uploaded to the Student's Patient Portal. Dates must be correctly entered into the portal as well in order for them to be reviewed and approved. If you need more information or any assistance, please go to

<https://mtsu.edu/healthservices/immunizations.php>

Required Immunizations

<p>Varicella (Chicken Pox) All students born on or after January 1, 1980 must provide proof of immunization with two doses of Varicella vaccine at least 28 days apart, serology (titer) showing immunity to Varicella or documentation from a medical facility verifying a previous diagnosis with the illness.</p>	<p>YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR 2ND BIRTHDAY.</p> <p>Dose 1 date: _____ (must be on or after your 1st birthday) Doses 1&2 must be 28 days apart Dose 2 date: _____ Dose 3 date: _____ (booster if your 1st dose was before your 1st birthday) Date of Illness: _____ IF UNABLE TO OBTAIN PROOF OF VACCINATION AND IF YOU HAD THE DISEASE AS A CHILD, YOU MAY OBTAIN A SEROLOGY TEST (TITER) POSITIVE Varicella IgG Titer date: _____</p>
<p>MMR (Measles, Mumps, Rubella) Students born on or after January 1, 1957 must provide proof of immunization with two (2) doses of MMR vaccine at least 28 days apart or serology (titer) showing immunity to MMR.</p>	<p>YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR 2ND BIRTHDAY.</p> <p>Dose 1 date: _____ (must be on or after your 1st birthday) Doses 1&2 must be 28 days apart Dose 2 date: _____ Dose 3 date: _____ (booster if your 1st dose was before your 1st birthday) Date of Illness: _____ IF UNABLE TO OBTAIN PROOF OF VACCINATION AND IF YOU HAD THE DISEASE AS A CHILD, YOU MAY OBTAIN A SEROLOGY TEST (TITER) POSITIVE Measles IgG Titer POSITIVE Mumps IgG Titer POSITIVE Rubella IgG Titer Titer date: _____ Titer date: _____ Titer date: _____</p>
<p>Meningitis – Required if living on MTSU campus A dose of conjugate vaccine protecting against strains A, C, Y & W135 (either Menactra® or Menveo®)</p>	<p>THE MOST RECENT DOSE MUST BE ON OR AFTER YOUR 16TH BIRTHDAY</p> <p>Dose 1 date: _____ (Booster Dose if prior to your 16th birthday) Dose 2 date: _____</p>

Recommended Immunizations

<p>COVID-19 Vaccine International vaccines must be WHO-Approved</p>	<p>Pfizer or Moderna (2) dose vaccine Dose 1 date: _____ Dose 2 date: _____</p> <p>Johnsen & Johnson (1) dose vaccine Dose Date: _____</p>	<p>International WHO Approved Covid-19 vaccine Dose 1 date: _____ Dose 2 date: _____</p>
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Provider’s Signature: _____

Practice Stamp:

Provider’s Name: _____

Date: _____