



**Application for Housing**  
**Pascault Row Apartments**  
**2009-2010**

Name (Last) (First) (Middle)

Mailing Address

E-mail Address

Phone (Day) Phone (Evening)

SSN/Student ID# Age

Date of Birth Sex (Check one):  Male  Female

**SCHOOL OR PROGRAM (CHECK ONE):**

- Dental  Medicine  Physical Therapy
- Dental Hygiene  Medical Technology  Social Work
- Graduate  Nursing  Public Health
- Law  Pharmacy  Other \_\_\_\_\_

YEAR in program (CIRCLE ONE): 1st - 2nd - 3rd - 4th - PhD  
during 2009-10 Other: \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUMMER ADDRESS (IF DIFFERENT THAN ABOVE):**

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Summer Address

Phone (Day) Phone (Evening)

During which term do you wish to begin living in university housing?

- Summer 2009  Fall 2009  Spring 2010

New student at UMB

Returning student at UMB

Lived in Pascault Row during 2008-2009

**HOUSING OPTIONS**

**(Note - housing facilities are non-smoking environments.)**

Indicate your first, second and third choice by placing the appropriate number in the box beside the corresponding option:

- Studio
- One Bedroom
- Two Bedroom with a roommate

Special Accommodations for medical or physical disability; please specify.

**ROOMMATE OPTIONS: (Two Bedroom apartment only)**

*Every effort will be made to accommodate roommate requests.*

If you would like a specific individual as your roommate, list their name below:

If you answer the following questions, every effort will be made to find a suitable roommate. Please be aware that roommate preferences cannot always be guaranteed.

	Yes	No
Are you usually in bed by 11:00 p.m.?	<input type="checkbox"/>	<input type="checkbox"/>
Are you awake well after midnight?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
May the Residence Life Office provide your prospective roommate with your telephone number?	<input type="checkbox"/>	<input type="checkbox"/>

I have completed the above data and apply for residence accommodations on the University of Maryland, Baltimore campus. I enclose the appropriate nonrefundable application fee (check box below).

- \$25 - 1st Time Housing Student
- \$10 - Returning Housing Student

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form with the appropriate application fee to:  
Residence Life Office  
University of Maryland, Baltimore  
518 West Fayette Street  
Baltimore, Maryland 21201  
(410) 706-7766

Make checks or money orders payable to University of Maryland. Do not send cash or other forms of money. Please write student's name on memo section of check.