



RIDER UNIVERSITY

RESIDENCE HALL APPLICATION FOR MERCER STUDENTS



SECTION ONE (PLEASE PRINT CLEARLY)

Full Legal Name _____
LAST NAME FIRST NAME MIDDLE

Home Address: _____

Home Phone: (____) _____ City STATE COUNTRY ZIP CODE
Mobile Phone: (____) _____

Date of Birth (mm/dd/yyyy) _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Email/Phone: _____

APPLICATION INFORMATION (Check appropriate boxes)

- Fall Semester 20____
- Spring Semester 20____

Gender

- Male
- Female

Roommate Request _____
**Residence Life will consider requests for roommates, but cannot guarantee availability)

Athletic Team Affiliation (if applicable) _____

Other Housing consideration/concerns: _____

SECTION TWO

My signature indicates that I understand and agree to respect and adhere to all policies and procedures pertaining to Rider University Housing as outlined in all Rider University publications along with information given at Residence Hall meetings which are made part of this agreement. Failure to confirm enrollment as a student of Mercer County Community College will result in immediate loss of Rider University housing.

A signature is require in order to process this Residence Hall Application.

Signature of Student _____ Date _____

(If under 18 years of age)

Signature of Parent/Guardian _____ Date _____

For Official Use Only
Bronc ID: _____
Date Received: _____
Received by _____