

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:

 MALE

 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: _____

TO PAY YOUR DEPOSIT BY CREDIT CARD (please print)

Circle card type: VISA or MC Card#: _____ - _____ - _____ - _____ Exp: ____/____ CVV: _____

Cardholder Name: _____ Amount \$ _____

Signature of Cardholder: _____ Date: _____

COMPLETE BOTH SIDES AND RETURN THE COMPLETED FORM WITH YOU \$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

 Room Type

 Meal Plan

 SMSU Authorized Signature

2026-2027 Housing Questionnaire



1 STUDENT INFORMATION: (Please print clearly)

SEMESTER YOU PLAN TO BEGIN LIVING IN RESIDENCE HALLS: (CHECK ONE): FALL SPRING YEAR: 20__

INTENDED MAJOR/MINOR

UPCOMING CLASSIFICATION: ___PSEO ___FRESHMAN ___SOPHOMORE ___JUNIOR ___SENIOR

2 ROOM TYPE: (Rank #1 = most important, #4 = least important)

___DOUBLE ___DOUBLE AS A SINGLE ___SINGLE ___APARTMENT STYLE*
(not available in Sweetland Hall) *Priority given to Upperclass students.
Special conditions apply to first-year students.

3 COMMUNITY PREFERENCES: (mark all that apply; circle top priority)

- | | | |
|---|--|--|
| <input type="checkbox"/> Co-ed House | <input type="checkbox"/> All-Male House | <input type="checkbox"/> All Female House |
| <input type="checkbox"/> First-year Only House | <input type="checkbox"/> Upperclass Only House | <input type="checkbox"/> First-Year & Upperclass Mix |
| <input type="checkbox"/> Traditional Residence Hall | <input type="checkbox"/> Foundation Apartments | <input type="checkbox"/> Sweetland Hall |

4 LEARNING COMMUNITIES (OPTIONAL): (subject to department approval; communities are co-ed, mixed class level. Select one.)

- | | | |
|--|-----------------------|-------------------------------|
| ___ Access, Opportunity, Success House | ___ Agriculture House | ___ Culinology House |
| ___ Mustang Pathways House | ___ Fine Arts House | ___ Exercise Science House |
| | | ___ School of Education House |

5 SMOKING PREFERENCES: (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.)

DO YOU SMOKE: YES NO DO YOU OBJECT TO A ROOMMATE WHO SMOKES? YES NO

6 DO YOU HAVE A PHYSICAL CONDITION THAT REQUIRES SPECIAL ACCOMMODATIONS? YES* NO

*If yes, your contract must be accompanied by documentation from your doctor.
 Please explain: _____

7 ROOMMATE REQUEST (OPTIONAL): (Your requested roommate MUST also have your name on their application form.)

Mustang ID: _____ First Name: _____ Last Name: _____

8 MEAL PLAN OPTIONS: (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"/> Super Plus Plan (available to upperclass students only) |
| <input type="checkbox"/> 10 meals per week plus \$450 Dining Dollars | <input type="checkbox"/> M4L 50 meals per semester plus \$705 Dining Dollars
<small>(must be upperclass student residing on campus)</small> |
| <input type="checkbox"/> 19 meals per week plus \$50 Dining Dollars | <input type="checkbox"/> M4L 75 meals per semester plus \$455 Dining Dollars
<small>(must be upper class student residing on campus)</small> |
| <input type="checkbox"/> \$300 Dining Dollars (Available to apartment residents only.
Apartment residents must have a minimum of \$300 Dining Dollars.) | |
| <input type="checkbox"/> \$500 Dining Dollars (available to apartment residents only) | |

All Dining Dollars are provided on a semester basis. Additional Dining Dollars may be purchased with a minimum of \$25 at anytime during the year at the Mustang Card Center or online at www.SMSU.edu/MustangCard