LSUHS	C-NO STUDENT HO	USING APPL	ICATION	
Name				
Last, First, Middle				
Permanent Address				
City/State/Zip		<u> </u>		
E-Mail Address		G	Gender	
<b>Cell Phone Number</b>		N	Marital Status	
<b>Semester Requested</b>			Date of Birth	
School:  Allied Health Profession  Medical School	ns Dental School Nursing School	Graduate Studie	es	Affiliate*
Dormitory Room Dormitory Room Unfurnished One Unfurnished Two Unfurnished Thre Dormitory Suite a Will Take Any Av	For Two Students  Bedroom Apartment  Bedroom Apartment  Bedroom Apartment (Marrie  at Stanislaus Hall  vailable Accommodation  ADA Accommodations? Full A	ed W/Children)		
	to live with another student sh	ould cross		
	n fee of \$75.00 is required and SUHSC. <u>Do Not Send Cash</u> . I	¥ •	* *	
Housing applicants will months prior to semester	be contacted via email re requested.	garding availabili	ity 'approximat	ely' two (2)

\*Affiliate: Visiting faculty, researchers, and students who are attending LSUHSC for short-term training or educational purposes will be allowed to stay only at Stanislaus Hall. The minimum stay for short-term housing is one (1) month.

## Mail Application to: LSUHSC Student Housing, 1900 Perdido Street, Room 210, New Orleans, LA 70112

Student Housing office hours are Monday - Friday 8:00 a.m. to 4:00 p.m. The Housing offices are closed on weekends and all official LSUHSC holidays.

This application will remain on file for 2 years subsequent to application date if applicant is not accepted in to a LSUHSC housing facility or is unable to attend for the semester requested. Contact Student Housing regarding reactivation of this application.

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Date	Signature of Applicant	