

Application for Housing
Please complete and return to
East Central Community College
Business Office
P.O. Box 129
Decatur, MS 39327

This application must be typed or printed and may accompany the admissions application if the applicant intends to live in campus housing. An Application for Admission must be on file before this application can be processed. **A \$60.00 room deposit must accompany this form in order for the housing reservation to be complete.** If you have already sent an admissions application, or if you are a current student, please send this application along with your room deposit to the Business Office. The deposit will be refunded when the student officially checks out of the residence hall, unless the student is charged with room damage or the loss of keys. The deposit will be refunded if the reservation is canceled in writing by August 1st of the year of enrollment. For questions, please call Mr. Jonathan Peeples at (601)635-6213.

*Married Housing is available, for more information please contact Mr. Gene Davis at 635-2111 ext. 279.

Name: _____ SS#: _____
(Last) (First) (Middle)

Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Home Phone: () _____ Cell Phone: () _____ Date of Birth: _____

High School Attended: _____

Gender: Male () Female ()

Ethnicity: () American Indian () American Hispanic () Asian American
() Caucasian, not Hispanic origin () African-American, not Hispanic origin () Foreign Student

Classification: Freshman () Sophomore () Semester you plan to enter EC: Fall 20____ Spring 20____

In case of emergency contact: Name: _____ Relationship: _____

Address: _____ Phone Number: _____
Street or P.O. Box City State Zip

Do you require any special medical needs: Yes () No () If yes, please explain: _____

Dormitory Preference: Female Housing: () Jackson Hall () Erma Lee Barber Hall () Sophomore Honors

Male Housing: () Newsome Hall () Winston Hall () Todd Hall () Scott Hall () Neshoba Hall

Please specify if you will be participating in athletics or band: _____

Roommate preference: _____
(Name) (Address) (Phone)

NOTE: PRIORITIES FOR ROOM ASSIGNMENTS ARE DETERMINED ACCORDING TO WHEN DEPOSITS ARE RECEIVED. LIVING ON CAMPUS IS A PRIVILEGE. ECCC RESERVES THE RIGHT TO REMOVE ANY STUDENT DEEMED TO BE A RISK TO THE OVERALL SAFETY OF CAMPUS. ALL RESIDENCE HALL STUDENTS MUST PURCHASE A MEAL PLAN.

Signature

Date