



The Restaurant School at
Walnut Hill College

HOUSING REQUEST FORM

Returning Students

Student Name: _____

Program: CA PA RM HM

First Choice: ___ Single ___ Double ___ Triple ___ Quad

Second Choice: ___ Single ___ Double ___ Triple ___ Quad

Third Choice: ___ Single ___ Double ___ Triple ___ Quad

Would you like to share a room with someone in particular?

1. _____
2. _____
3. _____
4. _____

Please rank which hall you (and your roommate) would prefer:

1. _____
2. _____
3. _____
4. _____

All forms must be received prior to break in the Student Life Office. Roommate preferences will only be considered if each student has submitted this form. Preference will only be considered if each student has indicated their desire to live with each other.

Questions? Contact the Director of Student Life or
The Residential Learning Coordinators

Office Use Only

Date Received: _____ Date Processed: _____

Final Housing Assignment: _____