RESERVATION APPLICATION

Name:First		Middle	Last
MCID#	E-mail	Cell	DOB:
Permanent Address: _	Street		
	Street	City	State Zip
receipt of this application are no vacancies available required to submit a nor process and begin occup	on and that I will be ble in the Lofts. I fund a refundable \$250 repancy of the Loft. In will be considered won order to be considered.	placed on waiting list in the at ther understand that at the time eservation fee and a signed con the event that I have not com bid. In addition, I understand the ered for placement.	Lofts will be based on the date/time of forementioned order, in the event that the ne of an offer of assignment I will be natract in order to complete the assignment pleted the assignment process within a 24 hat I must be enrolled as a graduate stude
Fall	·	all semesters you plan on liv	
Printed Name		Signature *******	 Date ********
		FOR OFFICE USE ONLY	
Date of Receipt	Time: _	Staff Signature	
Applicants Initials:	(if brought in)		
		Office of Residence Life Post Office Box 4044 Mississippi College Clinton, MS 39058 (601) 925-3359 Fax (601) 925-7095 Web: http://www.mc.edu/olde-tov	wno lofts