



ADMISSIONS HOUSING CONTRACT

Name: _____ Student ID Number: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Phone: () _____

Sex: Male Female Birthday: ____/____/____ Major: _____

Name of parent of guardian you live with: _____

Indicate year and semester you wish to reserve a room: 20 ____ Fall Spring Summer (if Summer, choose which session)
 Session 1 Session 2 Session 3 Session 4

Admitted to ORU as a: Freshman Transfer Re-admit Graduate

Residence Halls

Note: As space permits, every effort will be made to accommodate each residence hall request with the understanding that we may have to place you in another residence hall. Please choose a 1st and 2nd choice.

WOMEN

- Claudius Roberts
- Frances Cardone
- Susie Vinson
- Gabrielle C. Salem (additional cost)

MEN

- E.M. Roberts
- Michael Cardone
- Wesley Luehring

- Double Occupancy
- Private Room (\$300 deposit)

Will you be playing varsity sports on an ORU Athletic team? Yes No If yes, please list sport: _____

Are there any health factors you would like us to consider in assigning your accommodations? If so, please list below.

Roommate Preferences*: 1. _____ 2. _____
 New Student Current Student New Student Current Student

*According to the Privacy Act of 1974, personal information cannot be released without the student's permission. Your signature below allows ORU to release your name, address, and phone number to your roommate. Without your signature, your information **will not** be released.

Student signature: _____ Date: _____

In case of an illness or accident, the university is granted the right to call the ORU Health Center nurse or doctor on call and refer the student to the Health Center or a local hospital.

I certify that the information given is correct to the best of my knowledge. I have read, understand and will abide by the University residence hall regulations on conduct and policies (listed on the reverse side) under which residence halls are operated.

Please Note: The Housing Contract will **only** be processed when the \$125.00 Enrollment Deposit has been paid. Payment may be made by mail, on the web at vision.oru.edu or through Student Accounts by calling 918.495.6370.

Dual Residency Policy: Oral Roberts University is a residential campus. Dual residency is not permitted. All residential students living in University housing may not rent, lease, or maintain a second residence off-campus. University housing must be the only primary residence. Failure to do so may result in de-enrollment from the University.

Signature: _____ Date: _____

Signature of parent or guardian: _____

