



Saint John's

SCHOOL OF
THEOLOGY·SEMINARY

Office of the Director of Student Life

Collegeville, Minnesota 56321

1-320-363-2113

APPLICATION FOR HOUSING AND MEALS

1. GENERAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Title Mr. ___ Mrs. ___ Ms. ___ Rev. ___ Pastor ___ Sr. ___ Br. ___ Maiden Name _____

Date of Birth ___/___/___ US Social Security # ___-___-___ Country of Citizenship _____

Day Phone (____) ___-___ Evening Phone (____) ___-___ Cell Phone (____) ___-___

Email Address _____

Male ___ Female ___ Married ___ Single ___ Clergy ___ Religious ___

2. HOUSING INFORMATION

Term(s) for which you plan to enroll at Saint John's Summer _____(yr) Fall _____(yr) Spring _____(yr)

Where do you plan to live? On Campus ___ Off Campus ___

Off campus address (if available) _____

On-campus Housing Preference Emmaus Single Room ___ Suite ___ Apartment ___

Abbey (available only to monastic men; includes monastery meal plan) ___

Do you have special needs? No ___ Yes ___ (Please specify in order that necessary services might be arranged.)

My \$100 non-refundable housing deposit is enclosed. Yes ___ No ___

(Make checks payable to Saint John's University.)

3. MEAL PLAN INFORMATION (Consult the Rate Card for current rates.)

Please check one: ___ 150 meals ___ 25 meals

___ 100 meals ___ 15 meals

___ 50 meals ___ 10 meals

All meal plans operate on a descending balance basis. Unused meals carry over to the following term. For these reasons, it is suggested that incoming students choose a larger meal plan than may be needed to save costs.

Signature of Applicant _____ Date ___/___/___

Return this form to the attention of Patty Weishaar (pweishaar@csbsju.edu).