



OFFICE OF RESIDENTIAL LIFE
JOHN MUIR COLLEGE
9500 GILMAN DRIVE DEPT 0118
LA JOLLA, CALIFORNIA 92093-0118
(858) 534-4200

February 2018

2018-19 MUIR GENDER INCLUSIVE (GIH) HOUSING APPLICATION

Pick up a hard copy of the application at the Muir Residential Life office or download a copy at www.muir.ucsd.edu/reslife

Instructions:

1. Please complete one application for your group and turn three (3) hard-copies of your completed application in to the Muir Residential Life Office by noon (12pm) on Monday, March 5th. On your application, please identify one contact person for your group.
2. Please contact the HA, or RA if you are living at Revelle or at the Village, you would like to have write a recommendation letter for your group. Please give the HA or RA the recommendation form from the application packet. The HA or RA writing the recommendation letter for your group will submit their letter to the Muir Residential Life Office directly.
3. Selection of your group to live in a gender inclusive apartment will be based on the application you submit and the recommendation letter from your HA or RA. If selected, your group must fill the entire apartment: Tamarack Apartments (206, 403, 605 or 804) are 6 person apartments; Tuolumne 5-person apartments are K-14, L-13, N-11 and Q-15, and Tuolumne 4-person apartments are L-10 and N-9. On your application, please prioritize the apartments your group is interested in which to live.

The Muir Residential Life Office is open from 9 am - 5:30 pm Monday through Friday. Contact us with any questions by calling 858.534.4200 or email to muirreslife@ucsd.edu



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Who will be the contact of your group? The Muir Res Life Office will have all communication with this one individual:

NAME: _____ **EMAIL & CELL PHONE #:** _____

Please list the priority of apartments you group will fill: Tamarack, Tuolumne 5s or Tuolumne 4s:

Please make sure to have 3 copies of this completed application turned in by noon on Monday, March 5.

NAMES OF PARTICIPANTS: (Please print legibly) EACH member of the group MUST have registered for Room Selection, and must be a Muir College registered student.

PRINT NAME: _____	SIGNATURE: _____	PID: _____
EMAIL: _____	CELL PHONE: _____	
PRINT NAME: _____	SIGNATURE: _____	PID: _____
EMAIL: _____	CELL PHONE: _____	
PRINT NAME: _____	SIGNATURE: _____	PID: _____
EMAIL: _____	CELL PHONE: _____	
PRINT NAME: _____	SIGNATURE: _____	PID: _____
EMAIL: _____	CELL PHONE: _____	
PRINT NAME: _____	SIGNATURE: _____	PID: _____
EMAIL: _____	CELL PHONE: _____	



2018-2019 MUIR GENDER INCLUSIVE HOUSING GROUP CONFIDENTIAL REFERENCE

COMPLETED AND SUBMITTED BY A CURRENT HA or RA: _____

NAME OF GROUP'S CONTACT PERSON: _____

1. How do you know, and how well do you know, the group applying to live together in a gender inclusive apartment? Who are the individuals who live in your house or housing area?

2. Please explain why you support these individuals living together as a gender inclusive group. Please be as specific and as detailed as possible.

3. Do you have any apprehensions about these individuals living together as a gender inclusive group?

4. Other comments you may like to add about this group:

HA or RA Name & Signature: _____

