



Carolinan HealthCare System

Uncompromising Excellence. Commitment to Care.

RESIDENTIAL HOUSING ELIGIBILITY FORM

_____ is enrolled in a CHS-affiliated college or school, will be attending the school from _____ to _____ and is eligible to apply for CHS residential housing during this period.

Please check the appropriate box indicating which school or program the student/prospective student is enrolled in:

- Carolinas College of Health Sciences
- Mercy School of Nursing
- Nurse Anesthetist Program CMC/University
- Other: _____
(list CMC/CHS facility)

Student is enrolled in the _____ department/program.

Authorized Signature

Date

***Please forward completed form to: jbes@commreco.com or
Fax to (704) 334-6445***