



Fall 2025 Dorm Room Application

Return by one of the following:

Email to: elizabeth.k.zaluska@osfhealthcare.org

Fax to: 309-624-8973

Mail to: Saint Francis Medical Center College of Nursing
511 NE. Greenleaf St, Peoria, IL. 61603

Student information: (Please Print)

Last Name

First Name

Middle Initial

Phone Number

Email

Current Street Address

City

State

Zip Code

Permanent Street Address (leave blank if same as current address)

City

State

Zip Code

Gender: ☐ Male ☐ Female

Comments or Special Circumstances:

List any comments or special circumstances that should be taken into consideration when reviewing your application for a dorm room:

Student Certification:

Student Signature

Date