APPLICATION FOR ON-CAMPUS STUDENT RESIDENCE

2012-2013

Please submit your completed application with the required, non-refundable $150 Residence Life application payment. Please note: on-campus housing is subject to availability. Room assignment priority is determined at the time of receipt of all of the following completed items: ***Application for On-Campus Student Residence, $150 Residence Life Application Fee Receipt;*** **and, a copy of** ***applicant's Financial Aid Estimate (confirming student credit load) for the semester****. The College Administration reserves the right to determine the priority of room assignments.*

Criteria for On-Campus Housing:

1. Applicant must be accepted for admission to the College.
2. Complete and submit this Application for the Student Residence, along with Non-Refundable $150 Application Fee *(first-time residents only).*
3. Applicant must be registered for classes for each semester in which the applicant plans to reside on-campus.
4. Prior to admission to the Residence Halls, all students must have documented proof of immunizations for Measles, Mumps, and Rubella (MMR) and the Meningococcal Meningitis Vaccination, as required by New York State.

Campus Housing Information:

Today's Date _____/_____/_____ Expected Semester of Occupancy: ❑**Fall** ❑**Winter** ❑**Spring** **20____**

Admission Status: ❑ Freshman ❑Sophomore ❑Junior ❑Senior ❑Graduate Student

Housing Status: ❑ New to Monroe ❑ New to Housing (current student) ❑Returning Student (took a semester off)

Student ID#: _____ Date of Birth: _____/_____/_____ Gender: ❑Male ❑Female

_____

Last Name First Name MI

_____

House No & Street Address or P.O. Box City State Zip Code

_____ _____ _____

Home Phone No. Cell Phone No. E-Mail Address

Please indicate your room preference: #1 = First preference, #3 = Last preference.
Every effort is made to place you in your first choice, <u>however please be advised that placement is based on availability</u>.

__Triple room $**2950**/per semester __ Double room $**3200/** per semester __ Single room $**3950**/per semester (not available for freshman)

Roommate preference, if any – Full name(s)

_____

We make every effort to honor student request based on timely submission of all material.

(Both students must make the request and submit completed applications. Freshman students will be placed with freshman only)

Emergency Contact Information:

_____

Last Name First Name Relationship to Student

_____

Home Phone No. Cell Phone No.

_____

Street Address City State Zip Code

Roommate Selection Information:
Roommate assignments are made based on specific student requests and the information below. Please answer each of the questions; it's important to provide as much information as possible.

Major: _____ Career Objective: _____

I will be a member of the Monroe College Athletic Team: ❑Yes ❑No If so what team? _____

1. I would describe myself as: (1= very quiet; 5= not quiet at all) (*Circle one):* 1 2 3 4 5

2. I prefer a roommate who describes him/herself as: (1= very quiet; 5=not quiet at all) (*Circle one):* 1 2 3 4 5

3. I would best describe myself as (*select one below)*:
❑ Neat ❑ Somewhat Neat ❑ Not So Neat ❑Not Neat At All

4. I prefer a roommate who describes him/herself as (*select one below)*:
❑ Neat ❑ Somewhat Neat ❑ Not So Neat ❑Not Neat At All

5. I can study/ sleep with media playing (TV, Music, Video Games, etc.) (*Check one)* ❑ Yes ❑ No

6. I stay up after midnight (*check one):* ❑ Never ❑ Sometimes ❑ Frequently ❑ Always

7. I prefer a roommate who stays up after midnight (*check one)*: ❑ Never ❑ Sometimes ❑ Frequently ❑ Always

Please tell us anything else about yourself that you think may be useful in the selection of a roommate:

_____

_____

_____

_____

Completed Application Checklist

❑ I have paid my $150 housing fee at the Bursars Office in Milavec Hall (receipt must be submitted).

❑ I have met with my Financial Aid Counselor and have a printout of my Financial AID Estimate**.**

❑ I have completed and submitted my Health History Form.

Please submit completed applications to the Office of Residence Life.
Fax: (914) 813-1281 E-Mail: ResLife@monroecollege.edu

Monroe College - Office of Residence Life Adult Student Housing Statement

Student's Name: _____

Student's Date of Birth ___/____/_____
MM/DD/YYYY

Student's Permanent Home Address:

Street: _____

City, _____ State: _____ Zip: _____

Student Agreement

I maintain a permanent home address as indicated above throughout my tenure as a resident student at Monroe College. If the address listed above changes, I will notify the Office of Residence Life and the Student Services Office immediately and will provide a new permanent home address.

I understand and agree to the following:

The Monroe College housing program requires that resident students maintain good academic standing with excellent attendance in classes and a grade point average of 2.0 or higher each semester. Resident students are also required to comply with all college and residence life policies, procedures, and community standards. The residence halls close in August at the end of the Spring semester and reopen in September at the start of the Fall semester, during which time students are expected to live off campus. The student's academic and' housing records are examined each semester to determine continued eligibility for housing. If I must leave campus housing for any reason, I will immediately assume full responsibility for providing my own housing.

Student's Name- PLEASE PRINT _____

Student's Signature _____

Emergency Contact Form

Student's Name: _____

Student's Cell Phone Number _____ _

- ○ I decline the option to provide emergency contact information.
- ○ I will provide emergency contact information. (Complete the information below, If you are under 18 years of age, you must supply contact information.)

In the event of an emergency, please contact the following individual(s):

- ○ Mother or Father (or either guardian)
- ○ Mother (or female guardian) only
- ○ Father (or male guardian) only
- ○ Other

Emergency Contact Information: _____

Contact Name: _____

Contact Address: _____

Contact Home Phone: _____

Contact Cell Phone: _____

Email Address: _____

Student Signature: _____

HEALTH ASSESSMENT FORM

☐ Student age 18 & over ☐ Student under age 18 (minor) ☐ Monroe Student/Staff

Name: _____ Age: _____ Date of Birth_____
(First) (M.I.) (Last) (MM/DD/YYYY)

Home Address: _____
(Number and Street) (City) (State) (Zip)

Phone Number (Cell) _____ Home Phone _____

Emergency Contact Phone _____Relationship (Parent, Guardian, Spouse, etc.) _____

Health Insurance Name & Policy Number _____ Policy Holder/DOB _____

Personal Physician (Name & Address) _____

HEALTH HISTORY *Must be completed in its entirety* **Student Id _____**

Allergies to medications/food/other _____ Reaction _____

Place one check in the appropriate column that corresponds to each item. If "yes" provide details & dates:

	Yes	No		Yes	No		Yes	No
Convulsive Disorder			**Skin Rashes**			**Chicken Pox**		
Diabetes			**High Blood Pressure**			**Frequent Diarrhea**		
Emotional Problems			**Kidney Disease**			**Short of Breath**		
Headaches			**Anemia**			**Weight loss/gain**		
Asthma			**Tuberculosis**			**Cigarette Smoking**		
Alcohol Abuse			**Eating Disorder**			**Night Sweats**		
Depression			**Hepatitis**			**Heart Disease**		
Drug Abuse			**Sexually Active**			**Feel safe ***		

Details and dates: _____

Hospitalizations/Surgical Procedures: _____ **Provide history of medical conditions/current medications:** _____

_____

I affirm the above information is complete and accurate to the best of my knowledge:

Signature of Student (Parent or Guardian if student is a minor):_____ Date _____

Authorization for Monroe College Student Health Services Office to provide health services and/or emergency health care

Student's Name _____ Student ID_____ Date of Birth _____

The student is aware of the Monroe College Student Health Services Office and may utilize the services offered by the Health Services Office.

The student represents that there is no physical or mental condition requiring any special consideration, therapy or treatment, which has not been made known in a letter addressed to the Health Services Office at Monroe College.

The student understands that in the event emergency health care is required, the Health Services Office will make every effort to contact the student's parents, guardian or next of kin as soon as possible but in an emergency it is understood that initial emergency treatment may necessarily precede communication with the student's family, parents, guardian or next of kin.

The student understands that while the Health Services Office always makes every effort to secure quality health care and emergency medical care for the student, the College, its Trustees, officers, employees and agents are not responsible for any harm to the student which results from the negligence of third parties in providing such care.

The student understands that selection of health care is a personal decision and the student is free to obtain health care services from any other source available to the student. When the student selects the Health Services Office for health care, it is understood that the decision is freely made by the student and the student's parents or guardian if the student is a minor under the laws of New York. The parent or guardian consents to heath care provided to the minor by the Health Services Office at Monroe College.

_____ _____ NAME

OF STUDENT DATE

_____ _____

SIGNATURE-(PARENT/ GUARDIAN SIGNATURE IF STUDENT IS MINOR) WITNESS

INFORMATION ON MENINGITIS

New York State Public Health Law 2167 requires all post -secondary institutions to distribute information about meningococcal meningitis and meningitis immunization to all students. Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15-24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases on college campuses and as many as 15 students will die from the disease.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States- types A, C, Y, and W-135. These types account for nearly two thirds of meningitis cases among college students. If you wish to obtain a vaccination against this disease, contact your physician for availability and cost. The vaccine is available in New Rochelle for an estimated cost of $100.00.

Monroe College is required to have the following document completed and on file:

MENINGOCOCCAL MENINGITIS RESPONSE

TO BE COMPLETED AND SIGNED BY THE STUDENT OR PARENT/GUARDIAN IF STUDENT IS A MINOR:

Check one box and sign below:

☐ **I (my child) have had the meningococcal meningitis immunization within the past 10 years. (Medical proof required)**
Date received: ___/___/___

☐ **I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will <u>not</u> obtain immunization against meningococcal meningitis disease.**

Date: _____ Student Signature: _____

Parent/Guardian Signature: _____ Relationship to Student: _____

IMMUNIZATION RECORD VERIFICATION FORM

TO BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER (Dates must include Month, Day, Year)

Student Name: _____ Date of Birth: _____ Age: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Cell Phone: _____

Student Signature (Parent or Guardian if student is a minor): _____ Date: _____

NEW YORK STATE, PUBLIC HEALTH LAW, CHAPTER 2165 requires all students born after January 1, 1957 to provide Monroe College with proof of immunity to measles, mumps and rubella (MMR). Proof of immunity is defined as 2 doses of measles vaccine and 1 dose each of rubella and mumps vaccine. The first dose must be no more than 4 days prior to the students first birthday and the second at least 28 days after the first dose. Acceptable forms of proof include:

1. Childhood immunization records showing the exact dates of your vaccines or
2. Positive blood test for immunity (titers)
3. This form completed by your health care provider, dated, signed and/or stamped.

MMR (Measles, Mumps, Rubella- Combined) Vaccine _____/_____/_____ **(mm/dd/yyyy)** _____/_____/_____ **(mm/dd/yyyy)**

OR

Measles (Rubeola) Immunity: Complete all that apply:

Two doses of live measles vaccine: _____/_____/_____ _____/_____/____

☐ Date of immune measles titer & result: _____/_____/_____ _____

☐ Date of physician diagnosed measles disease: _____/_____/_____

Mumps Immunity: Complete all that apply:

One dose of mumps vaccine _____/_____/_____

☐ Date of immune mumps titer & result: _____/_____/_____ _____

☐ Date of physician diagnosed mumps disease: _____/_____/_____

Rubella (German Measles) Immunity: Complete all that apply:

One dose of rubella vaccine: _____/_____/_____

☐ Date of immune rubella titer & result: _____/_____/_____ _____

***A Rubella titer is the only permissible evidence that is an alternative to immunization. Rubella rashes resemble rashes of other diseases and it is impossible to diagnose reliably.**

Health Care Provider: _____ **License #:** _____ **Date:** _____
(SIGNATURE/STAMP)

TO BE COMPLETED BY HEALTH CARE PROVIDER within the past 12 months:

PHYSICAL EXAM

Ht. _____ **Wt.** _____

General Status: _____

Head _____

Pulse _____ **B.P.** _____

Eyes _____

Heart _____

Vision _____

Breasts _____

Hearing (whisper test) _____

Abdomen _____

Ears _____

GYN _____

Nose _____

Lymphatics _____

Mouth & Throat _____

Extremities _____

Neck _____

Neurological _____

Chest _____

Skin _____

Musculoskeletal _____

Follow-up _____

Based on physical exam and recorded history do you find the student to be mentally & physically capable to undertake collegiate studies? _____

Health Care Provider: _____
(PRINT) **(SIGNATURE)**

Address: _____

License #: _____ **Phone #:** _____ **Date:** _____

INTERNATIONAL STUDENT HEALTH INSURANCE

It is recommended that all Monroe College students be covered by health insurance either with an individual student policy or through their family policy. The US does not have socialized medicine. All costs of care are paid by the patient.

International Health Insurance can be a complicated and confusing subject. Many health insurance plans are available with all sorts of varying coverage, exclusions, deductibles, and co-pays, etc. Please see the links below to some of the companies in the U.S. that provide medical insurance for International Students. Compare policies before purchasing.

ISO- International Student Organization http://www.isoa.org

Sentry Insurance http://www.ejsmith.com

Rust International Associates http://www.rustassoc.com

The Harbour Group http://www.hginsurance.com