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; Health History Form* 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, #2 = Last preference.
***Please be advised that placement is based on availability and financial aid packaging*.**

__Triple room $2650-3100**/per semester (range) ** __ Double room $2950-$3000/ per semester (range)

** Please note that the housing rates are based on availability

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

Student's Liability for cost of Dorm:

During the 1st week……15% During the 2nd week……15%
During the 3rd week…..50% During the 4th week…….50%
During the 5th week or after ….100%