

PLEASE RETURN COMPLETED FORM TO RESIDENCE LIFE

# Medaille College Application for Housing

Department of Residence Life  
18 Agassiz Circle, Buffalo, NY 14214  
Tel.: (716) 880-2449 | Fax: (716) 884-1887  
www.medaille.edu

**Please print**

Please complete all questions.

Name \_\_\_\_\_  
MR. / MS.      LAST                                      FIRST                                      MIDDLE                                      MAIDEN

Social Security #/Medaille I.D. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Permanent Address \_\_\_\_\_  
NUMBER & STREET                                      CITY                                      STATE/PROVINCE                                      POSTAL CODE

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Student Status  Freshman  Transfer  Other      Major \_\_\_\_\_

Session  Fall 20\_\_\_\_  Spring 20\_\_\_\_

Building/Room Preference  North Hall  South Hall  No Preference  Vet Tech Themed Living Community  Honors Housing  Single Room

\*No guarantee can be given that a student will be placed in their preferred building. Room assignments for freshman and transfer students are made based on the receipt date of the Housing Application, Housing Deposit, and financial clearance from student accounts.

Roommate Preference \_\_\_\_\_  
(NAME)

I would like to paired with an international student.  Yes  No

**Personal Preferences**

- Smoker  Non-Smoker (Note: Medaille College is a smoke-free campus.)
- Do you consider yourself to be a  Morning Person  Evening Person
- Approximately how many hours do you sleep per night? \_\_\_\_\_
- At what time do you usually go to bed? \_\_\_\_\_
- Do you have any physical disabilities that we should be aware of as it relates to your housing assignment? \_\_\_\_\_
- Personal Preferences (Check one)  
A lot of study time?  Yes  No      Quiet Environment?  Yes  No      Neat Room?  Yes  No
- Hobbies and Interests \_\_\_\_\_
- Athletic Interests \_\_\_\_\_

\*Please feel free to attach an additional sheet regarding your preferences.

**Meal Plan Preference**

- 19 Meal Plan
- 15 Meal Plan
- 10 Meal Plan

**Emergency Contact Information**

Name of Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Allergies  Yes  No      If yes, to what? \_\_\_\_\_

I certify that the information herein is accurate and complete:

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Insurance Questionnaire and Waiver

NAME \_\_\_\_\_ SS# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

1. Are you covered by health insurance?  Yes  No ( ) Covered through parents  
( ) Individual policy holder

2. If you are covered by a parent's insurance policy please give the following information

Parent's Name (Policy holder) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

3. If you have any health insurance please complete the following:

Name of Insurance Company \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Phone \_\_\_\_\_ ID # \_\_\_\_\_ Group # \_\_\_\_\_

Plan # \_\_\_\_\_ Policy # \_\_\_\_\_

4. Person to be notified in case of emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

5. Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

I understand that I am required to have my own personal insurance coverage should it be needed in case of accidental injury.

Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (if student is under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

\*Please submit a copy of your health insurance identification card when returning this form.

**RESIDENCY REQUIREMENT** All freshmen and sophomore students whose permanent residency is beyond a 35 mile radius of Medaille are required to reside on campus until you earn 60 credits at Medaille or transfer in 60 credits towards your degree completion. Those exempt from this requirement include married students, single parents, veterans, students over the age of 21, and students commuting from the home of their legal parent(s) or court appointed guardian(s) if within 35-mile radius of the Medaille campus. Status is determined prior to the start of the fall semester as all students are required to sign a housing contract license for the entire academic year (fall and spring).

## Licensee Agreement

### I have read and agree to the general terms and conditions of the enclosed Room and Board Agreement.

I, the undersigned student, apply to become a licensee in the Medaille College Residential Life System for the upcoming/current academic year. "Licensee," as used in this Agreement, refers to one who is licensed to occupy a residence space within the Residence Life System. "Academic year," as used in this Agreement, means the period commencing prior to the first day of classes for the Fall Term (on a move-in date that shall be determined by written notice to the resident from or by special arrangement with the Office of Residence Life) and ending, for non-graduating students, four hours after the day of my last final exam for the Spring Term. Graduating students must officially check out of their residences by noon on the day following Commencement.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ SSN \_\_\_\_\_

Print Name \_\_\_\_\_ Address \_\_\_\_\_

**IT IS UNDERSTOOD AND AGREED** that the student agrees to and does hereby assume financial responsibility of the payments of the room and rental charges. In addition, the above named student will adhere to and follow those college policies outlined in the Room and Board Contract as well as the Student Handbook. Medaille College has a policy on non-discrimination. All room assignments will be made without regard to race, color, creed, religion, national origin, disability and age.

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