

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 # _____ 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

*No guarantee can be given that a student will be placed in their preferred building. First year resident students are placed in double or triple occupancy based on availability and the date on which the student's housing application is received.

Roommate Preference _____
(NAME)

I would like to paired with an international student Yes No

Personal Preferences

- Smoker Non-Smoker (Note: Smoking is not allowed in residential facility)
- 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

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.

Licensee Agreement

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

If 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 Residential 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 Department of Housing and Residential 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 this 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.