



CLARK TOWER HOUSING APPLICATION

Please Print

Name: _____
Last First Middle initial

Social Security#: _____ Date of Birth: _____

Demographic Information

Permanent/Legal address: (Home) _____
Number/Street

_____ City State Zip

Telephone: _____ E-Mail Address: _____

Marital Status: Single Married Single Parent Gender: Female Male

Will your spouse and/or children be living with you? Yes No

Spouse's name: _____

Children's name(s): _____

Accommodations

Please prioritize your first three choices. Every attempt will be made to accommodate your number one choice. However, this is not always possible. ***Note:** Single occupancy rooms/studios/suites are available only if space allows. Fall housing assignments will be made in late May.

Doubles and Suites (Shared Bedroom)

- _____ (D-2) Standard, Double Occupancy
- _____ (S-2) Studio, Double Occupancy
- _____ (Apt. 3) 2 Room Suite, Triple Occupancy
- _____ (Apt. 4) 2 Room Suite, Quad Occupancy

Singles* (Private Bedroom)

- _____ (D-1) Standard, Single Occupancy
- _____ (S-1) Studio, Single Occupancy
- _____ (Apt. 2) 2 room Suite, Double Occupancy

If a single room is not available:

- Please offer me a shared bedroom accommodation and place me on a single room waiting list.
- I will only accept a single room, please place me on a waiting list with the understanding that a single room may not become available.

Family/Married

- _____ (S-M) Studio, Family/Married
- _____ (Apt. M) 1 Bedroom, Family/Married

License Period

All Licenses will be written for the full academic year. A binding license will be prepared based on the academic period of the program you indicate below. If you are interested in short term/temporary housing or housing for a summer program only, please use the temporary housing application.

College/Program

Please check the appropriate boxes.

- College of Medicine first year student second year student
- third year student fourth year student

Will you require housing for summer anatomy? Yes No

College of Health Professions:

Program of Study: _____ BS BPS DPT

College of Nursing BS MS

College of Graduate Studies

Roommate Questionnaire

Name: _____ Program of Study: _____

I will be residing with my spouse/family. (If you will be residing with your spouse/family, you need not complete this questionnaire.)

This questionnaire is part of an on-campus living program designed to enhance the room and roommate selection process. Please answer all questions or write in specific information requested. This must be completed before the roommate assignments can be made. Careful consideration will be given to all your responses.

Please note, SUNY Upstate Medical University is smoke-free.

1. Do you have strong feelings against drinking?
 Yes No

2. My age is: _____

Would you prefer to live with someone who is:

younger older or the same age

3. Would you prefer to live with someone who has similar interest? Yes No

4. Would you prefer to live with someone in the same program? Yes No

5. Please mark one of the alternatives in each category of this "self description":

A. Sleeping Habits. Retire early Retire late

B. Room temperature

Prefer fresh air/cool room

Prefer window closed/warm room

C. Usual room condition.

Unkempt Casual Meticulous

D. Study Habits

Studious Study when needed

E. Prefer noise level

High Moderate Low

F. Music Preference

Rock/pop Alternative Classical

Country/Western Other: _____

G. Religious attitude(optional):.

Strong faith Moderate Indifference

H. Do you need special accommodations due to a disability?

NO YES If YES, please explain

I. Except for minor traffic violations, have you ever been convicted of an violation of the law?

NO YES If YES, please explain

6. Please list 3 special interests or activities in which you participate:

7. Other roommate assignment factors that I would like considered:

Thank you for your cooperation

The State University of New York Upstate Medical University does not discriminate on the basis of race or ethnic origin, gender, age, religion, disability, marital status or status as a disabled veteran or veteran of the Vietnam era, in recruitment and employment of faculty or staff, in the recruitment of students or in the operation of any of its programs and activities, as specified by Federal and State laws and regulations

FOR OFFICE USE ONLY					
Room No.	Accom.	License Period	Room No.	Accom.	License Period