

On-Campus 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 Gender: Female Male

Will your spouse be living with you? Yes No

Spouse's name: _____

Accommodations

Please prioritize your first three choices for each building. Every attempt will be made to accommodate your first choice. However, this is not always possible. ***Note:** Assignments will be made to Clark Tower only after Geneva Tower is at full occupancy.

Geneva Tower

- _____ 1 Bedroom Single Occupancy
- _____ 2 Bedroom Double Occupancy
- _____ 4 Bedroom Suite Quad Occupancy

Clark Tower

- _____ Standard Single Occupancy
- _____ Studio Single Occupancy
- _____ 2 Bedroom Suite Double Occupancy

Family/Married

- _____ 1 Bedroom Family/Married
- _____ 2 Bedroom, Family/Married

License Period

A binding license will be prepared based on your preferred license dates.

- Aug. 1st - May 31st June 1st - May 15th June 15th - June 30th

College/Program

Please check the appropriate boxes.

- College of Medicine 1st yr student 2nd yr student 3rd yr student 4th yr student MPH

Will you require housing for summer anatomy? Yes No

- College of Health Professions:

Program of Study: _____ BS BPS DPT PA

- College of Nursing BS MS

- College of Graduate Studies

- Upstate Resident PGY1 PGY2 PGY3

Suitemate Questionnaire

Name: _____ Program of Study: _____

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. Married applicants/families do not need to complete questionnaire.

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 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