

Simmons College Graduate Proxy Application

2008-2009

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|----------------------|-------------------|---------------|-------------|
| Last Name | First Name | Middle Int. | Simmons ID# |
| Permanent Home Phone | Cell Phone Number | Date of Birth | Gender |

International Students: Country of Origin _____

ACADEMIC STATUS FOR THE 2008-09 ACADEMIC YEAR:

Class Status: ___ Graduate ___ Dix Scholar ___ Non-Degree Seeking

Program of Study: _____

Enrollment Status: ___ Full-time ___ Part-time

CURRENT STATUS:

___ Incoming First Time Graduate/Dix Scholar

___ Incoming Transfer Student

___ Current Commuter Student

___ Current Resident

___ Returning student (LOA, internship)

MEAL PLAN CHOICE:

All resident students must choose one of the following dining options. If left blank, the 14-meal plan will be assigned. Students have the opportunity to change their meal plan during the two weeks of a semester.

- ___ 19 Meals/week and \$50 in Meal Plan Points with 5 guest meals
- ___ 14 Meals/week and \$90 in Meal Plan Points with 5 guest meals
- ___ 10 Meals/week and \$130 in Meal Plan Points with 5 guest meals
- ___ 7 Meals/week and \$170 in Meal Plan Points with 5 guest meals
- ___ 100 Meals/semester and \$150 in Meal Plan Points with 30 guest meals

HEALTH INSURANCE INFORMATION:

Type of insurance: ___ College plan ___ Private insurance plan

Company: _____ Policy# _____ Subscriber: _____

EMERGENCY INFO: Please list one person to contact in case of emergency. Emergency info should be kept current on AARC.

Name: _____ Work phone: _____

Cell phone: _____ Relationship to you: _____

HALL PREFERENCE:

FOR WOMEN ONLY: Would you prefer to live on a _____ Co-educational floor or _____ Single sex floor?

ADDITIONAL HOUSING INFORMATION:

Current resident students who plan to live on campus for the fall must submit medical documentation no later than March 31, 2008 to determine participation in the Room Selection process. Please go to the Simmons' website <http://my.simmons.edu/services/disability/> for information and necessary medical documentation forms.

COLLEGE HOUSING LICENSE AGREEMENT:

I have read the College Housing Agreement and will retain it for my files. I understand the terms and conditions contained therein and I agree to them. I agree to pay all fees when due, to abide by all rules and regulations as may be established by the College and hall staff within my residence hall and to conform to all College and residence hall policies as stated in the Student Handbook, College catalog, and other College publications. I UNDERSTAND THAT MY SIGNATURE OBLIGATES ME FINANCIALLY FOR THE COST OF A RESIDENCE HALL SPACE THROUGH THE END OF THE ACADEMIC YEAR FROM THE DATE OF SIGN-IN/OCCUPANCY AS DESCRIBED IN THIS AGREEMENT.

The information I have provided on this application is true and accurate. I give my proxy permission to select a room for me during the room selection process. I acknowledge that it is my responsibility to give my proxy specific guidelines to choose a room of my liking and will accept the room selected. Please note that you should you withdraw from residence after room selection your \$250 deposit will be forfeited.

Printed name of Student _____ Signature of Student _____ Date _____

I agree to participate in the room selection process on behalf of the student named above and will do my best to follow her/his directions for selecting a room.

Printed name of Proxy _____ Signature of Proxy _____ Date _____

Printed name of ORL Staff _____ Signature of ORL Staff _____ Date _____