

For Office Use: Hall _____ Room _____ MSC _____

Simmons College Proxy College Housing Application 2008-2009

Submit to: Simmons College Office of Residence Life 300 The Fenway, Boston, MA 02115-5895,
Tel: 617-521-1096 Fax: 617-521-1110 Email: reslife@simmons.edu Website: <http://my.simmons.edu/services/residence-life/>

Last Name First Name Middle Int. Simmons ID#

Permanent Home Phone Cell Phone Number Date of Birth

International Students: Country of Origin _____

ACADEMIC STATUS FOR THE 2008-09 ACADEMIC YEAR: Major(s): _____

Class Status: ___ 2nd Semester FR ___ SO ___ JR ___ SR Enrollment Status: ___ Full-time ___ Part-time

CURRENT STATUS:

___ **Commuter** ___ **Current Resident** ___ **Returning resident** (LOA, abroad, internship, exchange) ___ **Special** (non degree)

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: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Please list one person to contact. *Emergency contact information should be kept current on Simmons College AARC.*

Name of parent/legal guardian

Name: _____ Work phone: _____

Cell phone: _____ Relationship to you: _____

SPECIAL INTEREST HOUSING:

We offer the option to live in a community with a specific focus. Please read the information on these options at our website.

Check those, if any, that interest you. ___ Quiet Hours (for 1st year students) ___ Wellness and Holistic Living

HALL/ROOMMATE PREFERENCE:

If you have a hall preference, which hall would you prefer? _____

If you have roommate preferences, provide us with names: _____

HOUSING QUESTIONNAIRE: If you have attended Housing Room Selection for returning students you have likely already chosen a roommate. However, in the case that housing changes need to be made due to expected or unexpected changes throughout the year we would like you to fill out the following questionnaire to help us make a good roommate match. It is important that you answer these questions in a thoughtful and honest manner. Assignments are made on a space available basis and we make every attempt to honor your preferences. Please circle your preferences below:

On average I consider myself a...	Morning person	Daytime person	Night owl
Who wakes up/goes to sleep...	By 8 am/by 10 pm	8-11 am/10 pm-1 am	After 11 am/After 1 am
I keep my room...	Neat	Slightly messy	Very messy
I prefer to study...	Outside my room	Quietly	With music, TV, etc.
A comfortable flow of visitors in my room is...	Lots of visitors	Periodic visitors	No visitors
Although I can't smoke in the building, I smoke cigarettes...	Never	Sometimes	Often

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. Send documentation forms to the ADA Compliance Officer, 300 The Fenway, Boston, MA 02115-5898 or email to ada@simmons.edu.

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 Student	Signature of Proxy Student	Date

_____	_____	_____
Printed name of Residence Life Staff	Signature of Residence Life Staff	Date

