



OFFICE OF ADMISSIONS
1607 Robinson Road SE
Grand Rapids MI 49506-1799
(616) 632-2944
Residence Life Office
Web site: www.aquinas.edu
E-mail: reslife@aquinas.edu

REQUEST FOR COLLEGE HOUSING

This form should be completed by students who intend to live in the College residence halls. AQUINAS COLLEGE HAS A RESIDENCY POLICY FOR ALL FRESHMAN AND SOPHOMORE STUDENTS. FRESHMEN AND SOPHOMORES MUST LIVE ON CAMPUS UNLESS:

- they commute from the home of their parents (residing in Kent County).
- they are 21 years old by the opening day of school.
- they are married or have been in the armed services of the United States.

Any other requests for exemption from this residency requirement must be submitted in writing to the Director of Residence Life. Failure to reserve a room does not exempt students from the residence requirement.

All residence hall students are required to take a meal plan with the College food service.

Please submit this form with a \$200.00 enrollment deposit; **the deposit is nonrefundable after May 1 or, in the case of applications for second semester, December 1.**

Date: ____ / ____ / ____

Home Tel. Number: (____) _____

Name: _____ Personal Cell Number: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Academic Classification: Entering Freshman Second Semester Freshman
 Sophomore Junior Senior

Sex: Male Female First Term for Housing: Fall (August), _____.
 Spring (January), _____.

PRIORITY* The following information is designed to enhance the room and roommate selection process. Please mark all appropriate spaces with an "X" or write in specific information requested.

1. _____ 1. Date of Birth: (MM/DD/YYYY) ____/____/____

2. _____ 2. Current High School/College/University: _____

3a. _____ 3. Please mark one of the alternatives within each category of this "self-description:"

3b. _____ a. **Smoking is not permitted in Aquinas College residence halls.** Realizing that many students are sensitive to smoke residue from clothing, etc. Students are reminded to be honest in reporting your personal use and room preference.

3c. _____ I do not smoke and do not want to room with someone who smokes.

3d. _____ I do not smoke, but I don't mind rooming with someone who does.

3e. _____ I do smoke (regularly or occasionally).

3f. _____ b. Do you have strong feelings against drinking? Yes No

3g. _____ c. Normally to bed before 11:00 pm g. I prefer my room with:

3h. _____ Usually to bed between 11:30 pm and 12:30 am Many things going on at once.

3i. _____ Normally to bed after 1:00 am Background noise

Peace & quiet

d. Like fresh air/cool room h. Studious

Window closed/warm room or Study when needed

e. Social/Political Tendencies:

Conservative i. Religious attitude:

Moderate (Optional)

Liberal Strong Faith

f. Usual room condition:

Messy Indifferent/open&tolerant

Casual, but Clean Agnostic

Very Neat and Organized

4. _____ 4. Please check interest or activities in which you actively or regularly participate.

Art/Museums Fishing/Hunting Reading/Lectures

Bicycling Governance/Politics Running

Canoeing/Kayaking Hiking/Camping Skateboarding

Card/Fantasy Games Movies Snowboarding/Skiing

Dancing/Concerts Photography Video Games

Exercise/Fitness Praise/Worship Groups Volunteer Projects

5. _____ 5. Please check activities in which you participated in High School.

Band Lacrosse Student Government

Baseball/Softball Orchestra Volleyball

Basketball Peer Ministry/Mediation _____

Cheerleading Theatre _____

Choir Track/Cross Country _____

Hockey Soccer _____

6. _____ 6. Proposed major: _____

7. _____ 7. Do you wish to room with a person sharing a similar major? Yes No

8. _____ 8. Other roommate assignment factors I would like considered:

* Please rank these questions on the basis of their importance or priority to you with 1 as the highest priority or most importance, 2 next in priority, etc., until you reach 16.

In case of emergency, contact: _____

Home phone: _____ Bus. phone: _____

What Intercollegiate sports or musical/dramatic groups do you plan to try out for on campus?

I wish to reside with someone with similar interests.

Do you have any physical or other medical condition which would require special consideration?

Yes No

If yes, check all accommodation(s) requested*:

___ Wheelchair accessible kitchenette _____ Wheelchair accessible bathroom

___ Roll-in shower for wheelchair access _____ Access to elevator

___ Visual emergency alarm _____ Accessible parking for housing and classes

___ Housing and Dining services for a personal assistant (Additional regular housing and dining fees apply)

___ Trained service animal in housing unit

___ Other (Please explain) _____

***Note:** Students requesting housing accommodations due to a disability must also register with the Disabilities' Service Office. Information on this may be found at www.aquinas.edu/aac/disability.html or by calling Sarah Cox at (616) 632-2166. Every effort will be made to reasonably accommodate students with disabilities.

Do you have a preference for a particular residence hall? If so, list the specific hall along with your reason for the request on the lines below. (Single rooms are available on a limited basis in Hruby.)

Hall: _____

If you prefer to live with a particular person, please indicate his/her name below. Requests must be made by both persons involved in order to be considered.

Name: _____

RESERVATION FOR RESIDENCE HALL HOUSING

I hereby make application for a room in the Aquinas residence halls. I am enclosing an enrollment deposit of \$200.00 which is not refundable after May 1 or, in cases where application is being made for second semester, December 1. I understand that if I withdraw from the College during the year, only board charges will be refunded on a prorated basis upon immediate notification to the Director of Residence Life. (Room charges are refunded on the same schedule as tuition refunds).

Signature: _____ Date: _____

DO NOT WRITE IN THIS COLUMN

Student ID # _____

Deposit received _____

Application # _____

Confirmation sent _____

Roommate _____

Classification _____

Priority 1 _____

Priority 2 _____

Priority 3 _____

Priority 4 _____

Smoking _____

Curriculum _____

Room Consideration _____