

Housing Application

PLEASE RETURN THIS FORM WITH YOUR \$500 HOUSING DEPOSIT.

Room selection forms will not be accepted unless accompanied by your deposit.

Name: _____ Date of Birth: _____
Last First MI Month Day Year

Address: _____
Street and Number

City State Zip

Home Telephone: (_____) (_____) _____ Cell Phone: (_____) _____
Country Code If International Area Code Area Code

E-Mail Address: _____

Program at Fisher: _____

Indicate semester and year you will begin at Fisher College: Fall Spring Year _____

Have you ever been convicted of a misdemeanor or felony? No Yes If yes, please describe: _____

Please add anything else you believe may be helpful in making your room and roommate assignments and/or in making your adjustment to campus comfortable:

This form is a survey of your preferences. It does not guarantee that you will receive your choice. However, the Housing Office will do its best to honor your requests.

I have read the information in the Fisher College Housing Agreement (pages 15 - 20) and I fully understand all terms and provisions of the agreement.

Student Signature: _____

Date: _____

In addition, please be sure to answer all of the **questions on the back of this form.** →



FISHER COLLEGE

Fisher College Housing and Residential Life 118 Beacon Street, Boston, MA 02116
Phone: 617.236.8828 Fax: 617.670.4431 www.fisher.edu

Please return to Fisher College @ 118 Beacon Street, Boston, MA 02116



HOUSING APPLICATION (continued from other side)

PLEASE ANSWER THE FOLLOWING QUESTIONS AS HONESTLY AS POSSIBLE TO ASSIST IN SELECTION OF ROOMMATES.

Housing assignments are made according to the day which your housing deposit is received and are based on the survey below:

1. Gender: Male Female
2. Have you ever lived in a Residence Hall?
 Yes No
3. Does noise affect your ability to study or sleep?
 Yes No Sometimes
4. Do you study with the radio on? Yes No
5. When is your best time for studying?

6. How much time do you expect to spend studying each day?

7. On weeknights, I typically go to bed:
 Before midnight After midnight
8. On week mornings, I typically rise:
 Before 8 a.m. After 8 a.m.
9. Do you prefer to sleep with the windows:
 Open Closed
10. Typically my room is: Neat Messy
11. Is there any reason you should not be climbing stairs?
 Yes No
12. What social activities and hobbies interest you most:

13. If you have a physical disability of which you wish to inform us, please explain the nature of your disability and specify any related special housing needs that you may require. Also offer any suggestions as to how we may better serve you:

14. Please indicate your first and second preference of rooms (1-4).

It should be clearly understood that the college cannot guarantee to honor your request due to room limitations.

Room supplemental charges are billed after assignments are made in August. Do not pay additional charges now.

_____ Four-bed room
_____ Three-bed room
_____ Two-bed room (\$1,000 per year supplement)
_____ One-bed room (\$2,000 per year supplement)
15. Please state your preference for residence hall:
 I prefer to live in a COED residence hall if space allows (coed halls house both men and women).
 I prefer to live in a single sex residence hall if space allows.
 I prefer to live in off campus housing (if available.)
16. If you have a roommate request, please indicate the individual's name and cell phone number (if available) in the space below. We will honor your request only if the person you request as a roommate requests you also and if space allows.

Name _____

Cell Phone # _____
17. Emergency Contact:

Name _____

Cell Phone # _____

Relationship _____

