Saint Mary-of-the-Woods College

Housing Application
2012-2013

Name: _____ Age _____
Last First Middle

Address: _____
Street

_____
City State Zip Code

Phone: ( ) _____

Best way to contact you: ☐ Phone ☐ Email ☐ Postal Mail

Entering year classification: ☐ Freshman ☐ Transfer – over 24 credits

Housing Preferences/Annual Room and Board Cost:

☐ Double, no bath $9,220
☐ Double, shared bath $9,800
☐ Double, contained bath $10,394

Rooms will be assigned on a space-available basis based on arrival of application and medical needs.

Please provide as much information to the following question as possible.

1. If you have a physical condition that requires a special room assignment, please explain: _____

_____

2. Roommate Preferences (if any) _____

3. All buildings are smoke-free; however, sometimes the smell of tobacco products lingers on clothing.
   Will this bother you? ☐ Yes ☐ No

4. Do you keep late hours (after 11 p.m.) studying or reading? ☐ Yes ☐ No

5. Can you study with music? ☐ Yes ☐ No
   Favorite type of music:

6. We make an effort to place residents with students whom we feel will be compatible, but to succeed, we need your help.
   Please check below the words that best describe the kind of roommate you would like.

   ☐ Fun-loving ☐ Sociable ☐ Serious ☐ Quiet
   ☐ Musical ☐ Artistic ☐ Energetic ☐ Considerate
   ☐ Neat ☐ Studious ☐ Talkative ☐ Athletic

7. Would you like the opportunity to room with an international student? ☐ Yes ☐ No

8. Major _____ SMWC Sport _____

9. Where have you spent most of your life? ☐ Rural Area ☐ Small Town ☐ City

10. In what activities or organizations have you participated during the last two years? _____

_____

_____

11. Describe yourself as a person including your goals, limitations, concerns: _____

_____

_____

12. What are your special talents and interests? _____

_____

_____

13. What characteristics and behaviors would you find desirable in a roommate (study and sleep habits, room cleanliness, etc.)?

_____

_____

14. In the case of illness/emergency, notify: _____

Relationship: _____ Home Phone: (____) _____ Work Phone: (____) _____

Student Signature: _____ Date: _____

Additional Information

_____

_____

_____

_____

_____

_____

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_____

Return to: **SAINT MARY-OF-THE-WOODS COLLEGE**
Office of Student Development
1 Saint Mary of the Woods College
Saint Mary of the Woods, IN 47876

Office Use Only

Room Assignment: _____

Roommate: _____