

SAINT MARY-OF-THE-WOODS COLLEGE

2012-2013 Housing Application

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 american student? Yes No

8. Major _____ SMWC Sport _____



SMWC BOUND

ORIENTATION.SMWC.EDU

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

Office Use Only

Room Assignment: _____

Roommate: _____