

Residence Hall Application – New/Transfer Students

Paul Smith's College • Office of Residence Life • Routes 86 & 30, Paul Smiths, NY 12970 • 518-327-6440

PLEASE PRINT:

First Name: _____ M.I. _____ Last Name: _____
Social Security #: _____ Date of Birth: _____ Gender: Male Female
Street: _____
City: _____ State: _____ Zip: _____
Country: _____ Phone: _____
E-Mail: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____
Phone: _____ Student Signature: _____

Intended Major: _____

What semester are you verifying housing for (ie. Fall 2006) _____

I am a First Time Student (Freshman) Transfer Student

Do you smoke? Yes No Would you mind if your roommate(s) smokes? Yes No

What conditions do you prefer for studying? Complete silence With some noise

What is the average time you go to bed? Before 10PM Between 10PM and 11PM After Midnight

What is the average time you wake up? Before 8AM Between 8AM and 10AM After 10AM

How do you keep your room and possessions? Always neat Neat most of the time Rarely neat

I have an interest in living in a wellness residence hall (substance free with extended quiet hours) Yes No

I have an interest in living in an all male/female residence hall Yes No

Do you have a request for a roommate(s)? (Requests MUST be mutual)

Name(s): _____, _____, _____

Do you have any physical or other condition that would necessitate special consideration when assigning a room
(Documentation may be required):

Please explain any other information that might be helpful in assigning your roommate(s):

Should you have any further question please contact the Office of Residence Life at 518-327-6440 or at StudentAffairs@paulsmiths.edu

We ask that parents not fill out this form for their students in order to facilitate proper placement
This form does **not** guarantee that all your requests will be met. Room assignments are based on the date of deposit