



Office Use Only:		
Offered Housing:	Yes No	Date: _____
Accepted Housing:	Yes No	
Assignment:	_____	

Office of Residence Life Housing Application

Personal Information

Last Name	First Name	Middle Initial
Fairfield ID#	Date of Birth Month Day Year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Mailing Address	City	State Zip
Home Phone Number () ()	Cell Phone Number	E-mail Address
Expected Year of Graduation	Intended Major	

Do you require special housing due to health or physical disability? | Yes | No. If so please go on-line and fill out the medical request form found at <http://www.fairfield.edu/x17183.html>.

I am a:

- Commuter
 Transfer Student
 Re-Admit
 University College Student

Room Preference (check one)

- Single
 Double
 Suite
 Townhouse/Apt

Name(s) of Preferred Roommate(s) with ID Numbers: A request must be submitted by potential roommates to residencelife@mail.fairfield.edu

Name	ID #	Name	ID #
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Lifestyle Preferences (check all that apply)

- Sleep Habits:**
 Morning Person
 Evening Person
 Flexible
- Neatness:**
 Very Neat
 Unorganized
 Flexible
- Quiet:**
 Quiet
 Moderate
 Loud
 Flexible
- Smoking:**
 Non-Smoker
 Smoker
 Could live with a Smoker

Please submit the completed application to residencelife@mail.fairfield.edu. You are also able to submit it in person to the Office of Residence Life, BCC 96.

The Office of Residence Life will review your request and respond to you via your StagWeb e-mail account. If we cannot grant your request, we will keep your information on file for the future.

Please note that completing this form does not guarantee your request to change your status will be granted. Your housing preference responses will be used to help in your placement in campus residence; the Office of Residence Life cannot guarantee a particular assignment.