Office of Residence Life
Housing Application

Personal Information

| __________________________ | __________________________ | __________________________ |
| Last Name | First Name | Middle Initial |

| __________________________ | __________________________ | __________________________ | __________________________ |
| Fairfield ID# | Date of Birth | Day | Year | □ Male □ 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 yes, complete the medical request form at: www.fairfield.edu/documents/student/adss_specialhousing.pdf

Status

□ Commuter □ Transfer Student □ Re-Admit □ University College Student

Room Preference (check all that apply)

□ Single (limited availability) □ Double □ Suite □ Dolan □ 51 McInnes
□ Traditional Room □ Residential College □ Townhouse □ 47 Mahan

Preferred Roomate(s)
Name(s) of preferred roommate(s) with ID numbers
(A request must be submitted by potential roommates to residencelife@fairfield.edu)

| __________________________ | __________________________ | __________________________ | __________________________ |
| Name | ID # | Name | ID # |

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

Sleep Habits:  □ Morning person  □ Evening person  □ Flexible
Neatness:  □ Very Neat  □ Unorganized  □ Flexible
Smoking:  □ Non-smoker  □ Smoker  □ Could live with a smoker

Please submit the completed application to residencelife@fairfield.edu. You can also submit it in person to the Office of Residence Life, BCC 96. You will also need to pay a $400 housing deposit to the Bursar’s office and bring a receipt to the Office of Residence Life.

Name: ____________________________________________

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

Housing Guidelines
Living on campus is being part of a community. Living in community comes with benefits and challenges and there are certain expectations that everyone should have for one another, including but not limited to, open communication, being respectful, and being an active member of the community. The Office of Residence Life provides residential guidelines to all students and it is an expectation that all resident students read, understand, and follow the guidelines. Though they are all very important, we would like to bring your attention to the following guidelines:

● I understand that by attending Fairfield University and becoming a resident student, I must fully abide by the Fairfield University Student Handbook and Residential Guidelines. It is my responsibility to read the handbook and be aware of the code of conduct.

● I understand that I am responsible for the condition of my room, and if there are damages, I am responsible for reporting them so they can be fixed.

● I understand that as a full-time resident student, I will be guaranteed on-campus housing. I also understand that I am required to live on campus in one of the University’s student residences for all four years of my undergraduate experience. I further understand that only seniors are permitted to live off campus and that a senior must first be granted permission (i.e., a release) by Fairfield University before he or she will be allowed to live off campus. I understand that the decision whether to grant or deny a request to live off campus rests entirely with Fairfield University. I understand that if I am not granted permission by Fairfield University to live off campus, I will be required to live on campus my senior year, and will be billed accordingly.

_________________________  __________________________
Signature  Date