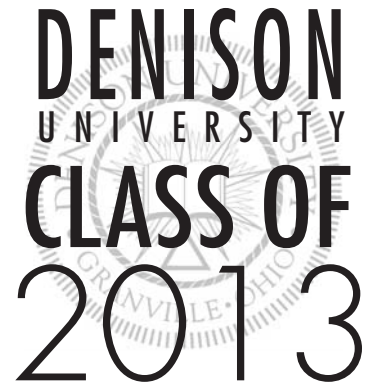




2009-2010 HOUSING PREFERENCE FORM

Questions?
Donna Davis
740.587.6272
davidd@denison.edu

Return to:
Campus & Residential Life
Denison University
PO Box 810
Granville, OH 43023-0810
fax – 740.587.6319



Deadline: June 1, 2009

PLEASE TYPE OR PRINT

Name _____ Gender _____ High School _____

Hometown _____ State _____ Home Phone _____ Cell Phone _____

Status: I will be a first-year student I will be a transfer student E-Mail _____

I am a: Smoker Non-Smoker (Please note this is considered informational only; all residence halls at Denison are smoke-free)

Please mark the appropriate answer:

- I prefer a roommate who is a: Smoker Non-Smoker No preference
- I would consider myself to be: A morning person A night person Both
- Which statement best describes your bedroom at home?
 very neat organized clutter cluttered messy
- I prefer my room to be:
 a studious environment a social hang-out a place to relax (with TV, music) a place to sleep
- I like the temperature in my room to be: cool moderate warm No preference
- My prospective major: _____
- I prefer a roommate that has the same prospective major: True False No preference

From the list above (1-7), please rank the two you feel most strongly about: First Choice: # _____ Second Choice: # _____

I plan to be involved in the following activities:

- Arts
- Community Service
- Drama/Theatre
- Varsity Sports _____
- Club Sports _____
- Music groups
- Political organizations
- Religious Life
- Student Government
- The Denisonian (campus newspaper)
- Other _____

My favorite type of music is:

- Alternative
- Classical
- Contemporary Christian
- Country
- Gospel
- Heavy Metal
- Jazz
- Rap
- R & B / Soul
- Other _____

Denison University has a 48 hour guest policy. In a short statement describe your current expectations of your roommate pertaining to this policy.

Please rank the type of room in order of your preference.

_____ Single room _____ Double room _____ Triple or Quad room
(A single supplement fee is required; limited availability) (rooms are actual designed triples and quads)

Please rank the following in order of your preference.

Lifestyle Preferences

_____ Quiet Building (A student living in a quiet environment agrees, through a signed contract, to uphold a quiet environment at all times. S/he understands that failure to abide by this policy could result in reassignment and/or conduct action.)

_____ Substance-Free Building (A student living in a substance-free environment agrees, through a signed contract, to maintain a residence hall environment that is free from the use or effects of alcohol, tobacco, and other drugs. S/he understands that failure to abide by this policy could result in reassignment and/or conduct action.)

_____ Morrow House (A student living in the service learning house will have structured opportunities to engage in community service and service learning projects.)

_____ Language & Culture House (<http://www.denison.edu/academics/departments/modernlanguages/>)
(An application is required)

Other Living Environments

_____ Break Housing (Limited break housing is provided to students for the following reasons: international student with no family within US; student athletes with sport obligations over breaks; and research students and student employees with work commitments over breaks.)

_____ No special designation (All first-year residence halls are alcohol-free)

Please note that all residence halls are smoke and drug free.

Specific Roommate Request:

If you wish to request a particular person as your roommate, please indicate his/her name: _____

Note: We will attempt to honor requests receive prior to July 1, 2009 if both students agree and request the other.

Medical Conditions That May Affect Room Assignment:

___ Please check if you believe that you will need a living environment that can accommodate a disability or medical condition for you or your family member's special physical need. Requests must include physician's written documentation including date of diagnosis, severity of diagnosis, current treatment plan and how a requested housing accommodation fits with the treatment plan. Our form is provided at the following link:

<http://www.denison.edu/academics/support/disability.html> Examples of such accommodations may include, first floor room, to live in close proximity to a kitchen and/or bathroom and to bring an air conditioning unit to your room (at an additional installation charge). In order to request a special accommodation, submit to the Health Center. If you have a chronic disease or condition it is strongly advised that you supply supporting medical records to provide continuity of care. The Health Center deadline to receive complete medical records from incoming students is July 8, 2009. The Housing Office will be notified if a request for accommodation is approved.

The fax # for the Health Center is 740-587-6758 and the mailing address is:

Health & Counseling Services, Attn: Documentation for Housing Accommodation, BOX 810, Granville, OH 43023

I agree to abide by the rules and regulations of my residence hall and Denison University. I realize that if at any time, my room is not filled to capacity; a student(s) may be assigned to it. I realize that I may not move out of or have another student move into my room without first receiving permission from the Office of Campus and Residential Life. I also understand that the University has the right to remove me from housing if my conduct is dangerous to myself and/or to other members of the Denison community. I am aware that specific housing placements cannot be guaranteed. I authorize the University to provide information about me (include my name, address, telephone number and e-mail address) to my new roommate(s).

BY SIGNING THIS FORM, I AGREE TO THE ABOVE STATEMENT AND CONFIRM THAT I COMPLETED THIS FORM MYSELF AND THAT MY ANSWERS ARE TRUTHFUL AND ACCURATE.

Student Signature _____ Date _____

We will do our best to honor your requests and preferences. However, that is not always possible because of space available and competing interests. Again thank you for your input!

-----Please return this form by 6/1/2009 to-----

**Campus & Residential Life – Doane 101
Denison University Granville, OH 43023**