



## Housing Preferences Selection for New Students 2011 - 2012

### Section A – General Information

Date: \_\_\_\_\_ ID#: (if unknown, leave blank) \_\_\_\_\_

Name: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_  
Last First MI

Class Year (as of August 2011):

First Year Student: \_\_\_\_\_

OR

Transfer: \_\_\_\_\_ If Transfer, class year: FY SO JR SR Graduate

Email: \_\_\_\_\_

*Note:* You will receive an Immaculata email account; once you arrive in August all students in University Housing will be required to utilize the assigned account for communication with the department of Residence Life and Housing

Student's Contact Cell Phone Number: \_\_\_\_\_

***Emergency Contact - The individual below is a person the University would contact in the event of a personal emergency; please list a person and telephone contact that may be reached 24 hours a day.***

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### Section B – Housing Preferences

Please indicate your housing accommodation preferences (preferences will be considered but cannot be guaranteed):

Residence Halls (select one; all floors are single gender)

- No preference \_\_\_\_\_  
DeChantal \_\_\_\_\_ (female only)  
Marian \_\_\_\_\_ (male, female)  
Lourdes \_\_\_\_\_ (female only)  
Villa Maria \_\_\_\_\_ (male, female)

Do you have a medical need for special accommodations? No \_\_\_\_\_ Yes \_\_\_\_\_

Accommodation Notes:

- If you marked "yes" above, you will be contacted by staff in Residence Life and Housing as requests for accommodations will require additional documentation
- Please do not submit any medical information with this form
- Note that all housing facilities are air-conditioned

### Section C - Meal Plan Selection

Residence Halls Board (select one):

19 Meal Plan w/\$100 i-points per year \_\_\_\_\_

15 Meal Plan w/\$200 i-points per year \_\_\_\_\_

Note: First Year students will be assigned the 19 Meal Plan for their first semester. First Year students will have the option to elect a different meal plan in their second semester.

**Section D – Roommate Preference**

Immaculata University is committed to the principle of equal opportunity and does not discriminate on the basis of race, gender, ethnicity, religion, age, national origin, color, disability or other classifications protected by law or University policy in the administration of any of its educational programs or activities. Part of living in a community is learning to respect the individual differences present among those who make up the community. Housing assignments are based on gender and the availability of space with consideration to the preferences listed below.

Please indicate **your** personal traits to be matched with other incoming students (preferences and traits will be considered but cannot be guaranteed in matching roommates):

Studying Conditions:	Absolute Silence _____	Quiet _____	Background Noise _____
Privacy Level:	Private Person _____	Moderate _____	Social _____
Sleep Habits:	Morning Person _____ Pitch Dark _____	Neutral _____ Low Music _____	Night Person _____ TV _____
Organization of Room:	Highly Organized _____	Neat _____	Stuff Anywhere _____
Cigarette Smoke:	Smoker _____	Occasional _____	Non-Smoker _____
<i>Note: all University buildings are smoke-free</i>			
Social Interaction:	Often _____	Now and Then _____	Not Often _____
Phone Usage:	Often _____	Moderate _____	Rarely _____

Other Notes: \_\_\_\_\_

If you already know a student that you would prefer to live with, please list the student’s name below; the student must also request you on his/her application in order to be assigned together:

Name: \_\_\_\_\_  
 Status: Incoming Student \_\_\_\_\_ Current Student \_\_\_\_\_

**Section E**

My signature below indicates that I have completed this application truthfully and that I fully intend to reside in University Housing. I understand that any change in my academic progress or intentions to live in housing must be reported to the Office of Residence Life and Housing immediately. I acknowledge my responsibility to submit a completed Housing & Board Agreement. In addition, I understand that I may only enter University Housing if I am in compliance with all the academic requirements, financial obligations, medical documentation, immunization, and health insurance requirements as outlined by the University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form with the enclosed envelope. If this form was sent to you separate from the new student packet or for questions, please contact:*

*Residence Life and Housing  
 PO Box 633  
 Immaculata, PA 19345  
 Fax 610-407-9754  
 Phone 610-647-4400 x3130  
 RLH@immaculata.edu*

<i>Residence Life and Housing use only</i>			
Assigned Building & Room _____			
<b>Phase</b>	<b>Date</b>	<b>Time</b>	<b>Staff Initials</b>
Application Received	_____	_____	_____
Confirmation Sent	_____	_____	_____
Banner Entry	_____	_____	_____
Meal Plan Code			_____