

STUDENT HOUSING APPLICATION

For Current Students

2010- 2011

Your application will not be processed without a completed dormitory application, and a \$350 non-refundable dormitory application fee. The completed application and check, made out to Touro College, should be mailed to Sarah Kayla Herbst at 227 West 60th Street, New York, New York, 10023. Applications will be processed in the order that they are received. At the discretion of the school, additional information may be required. Please print clearly.

Deadline: - May 15th, 2011

Any application received after the above date will be waitlisted.

Name: _____
(last) (first) (middle)

Home address:

Number and Street _____ Apartment # _____ () _____
Home Phone
City _____ State _____ Zip/Postal Code _____ () _____
US Cell Phone
Email address: _____ @ _____

Date of Birth: ____/____/19____
(month) (day) (year)

Incoming Class: (circle one) Freshman Sophomore Junior Senior

Date Entered Touro College: ____/____ Major: _____
(semester) (year)

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Number and Street _____ Apartment # _____ () _____
Home Phone
City _____ State _____ Zip/Postal Code _____ () _____
Cell Phone
Email address: _____ @ _____ () _____
Work Phone

ADDITIONAL EMERGENCY CONTACT (Please include a New York contact if possible):

Name: _____ Relationship: _____

Number and Street _____ Apartment # _____ () _____
Home Phone
City _____ State _____ Zip/Postal Code _____ () _____
Cell Phone
Email address: _____ @ _____ () _____
Work Phone

General Information

1. Which high school did you graduate from? _____

2. Have you previously lived in a dormitory facility? Please provide details. _____

3. If you spent a year or more in Israel, please specify the year(s) and institution(s) you attended. _____

4. What type of music do you listen to? _____

5. Do you plan on bringing a television? _____

6. Would you mind living with someone who owned a television? _____

7. What are some of your skills, hobbies or special interests (reading, sports, musical instruments)? _____

8. What are your general living needs (neatness, silence)? _____

12. Around what time do you go to sleep? () 8-10 pm () 10-midnight () after midnight

13. Are you a light sleeper? _____

14. How often per month (on average) do you plan on staying in the dorm for Shabbos?

Circle the number that applies to you:

	<u>Very</u>	<u>Fairly</u>	<u>Not Really</u>
Are you neat?	1	2	3
Are you a quiet person?	1	2	3
Do you consider yourself shy?	1	2	3
Do you consider your self outgoing?	1	2	3

Roommate Information:

If there are any students with whom you would like to share a room or with whom you specifically do not wish to share a room, please list them below.

Share a Room:

Not Share a Room:

If you do not have a roommate choice, it is to your advantage to use the space below to describe any roommate characteristics which you may prefer and list any special factors which might affect your room assignment. If you had to prioritize the three most important factors in selection of your roommate what are they in order of priority and why?

References

Please list two people, one preferably a teacher (and neither related to you), who know you well and can serve as character references. Please indicate if your reference is outside the US/Canada.

1. _____ (_____) _____
(title) (name) (phone number) (position)

(US/ Canada or Israel) (email address)

2. _____ (_____) _____
(title) (name) (phone number) (position)

(US/ Canada or Israel) (email address)

CONFIDENTIAL MEDICAL INFORMATION:

All dormitory residents must file a medical form with the Office of the Dean of Students prior to arrival.

The following information will be confidential. In case of an emergency we need to know all medications that you have taken in the past two years for physiological or psychological reasons. Please list all such medications and specify the ones that you are currently taking:

Please list all medications to which you are allergic:

What insurance policy do you have? _____

Do you have a New York City doctor? (circle one) Yes No

If so, please complete the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Hospital: _____

What insurance policy do you have? _____

ADDITIONAL CONFIDENTIAL INFORMATION:

Please inform us of any information about you that you think we should know:

All of the above information is correct as far as I know. I have listed my health conditions and am willing to discuss with the dorm Director any concerns that she may have. Any inaccurate or deliberately misleading information is grounds for voiding my application for residency.

I understand that if there is any change in my health prior to my attending Touro College, the school must be notified.

Signature of Student

Signature of Parent/Guardian
(If Applicant is Under 18)

Note: Acceptance to the Lander College for Women does not constitute admission to the dormitory facilities.