

# STUDENT HOUSING APPLICATION

## For New Students

2010-2011

Your application will not be processed without a completed student housing application, and a \$50 non-refundable housing application fee. The completed application and check, made out to Touro College, should be mailed to Rachel Golan at 227 West 60<sup>th</sup> 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 for Spring 2010: November 15, 2009*

*Deadline for Fall 2010: May 14, 2010*

*Any application received after the above dates will be waitlisted.*

Name: \_\_\_\_\_  
(last) (first) (middle)

Home address:

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

Date of Birth: \_\_\_\_/\_\_\_\_/19\_\_\_\_  
(month) (day) (year)

Incoming Class: (circle one) Freshman Sophomore Junior Senior

### PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

10. Are you a light sleeper? \_\_\_\_\_

11. How often per month (on average) do you plan on staying in the residence hall 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:

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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?

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**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 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:

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Please list all medications to which you are allergic:

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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: \_\_\_\_\_

**ADDITIONAL CONFIDENTIAL INFORMATION:**

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

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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 Residence 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 residence facilities.