

OLIVET COLLEGE – OFFICE OF RESIDENCE LIFE
HOUSING LICENSING AGREEMENT FOR NEW, TRANSFER, AND RE-ADMITTED STUDENTS
To be completed by all resident students

INSTRUCTIONS FOR FILLING OUT THIS FORM

1. All resident students must complete all sections of this form. 2. Students planning to live off-campus must meet the requirements and should complete a *Room and Board Exemption Application* form, available in the Housing Office or at Student Services. 3. Print or type all information. 4. Please read the entire license agreement (on reverse side) before signing. 5. Please answer all applicable questions as instructed. 6. Keep yellow copy. Mail or drop off white copy to the Housing Office (envelope included), Room 210 Mott Academic Center.

I will be entering Olivet College in the: Fall Year: _____ Spring Year: _____

SECTION 1: Personal Information

Student's Last Name (Family Name)	First Name	Middle Name	Soc. Sec. Number	Age/D.O.B.
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Mailing Address: Number & Street	City	State/Province	Zip/Postal Code	Country
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E-Mail address: _____

Phone Number(s) Cell: _____ Home _____

I will enter Olivet College as a:	New student (First Year)	Transfer student w/Advanced status
	Transfer student w/First Year Status	Re-admitted Olivet Student
	Freshman Sophomore	Junior Senior

Name of Parent, Guardian or Emergency Contact Person	Relationship to Student
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Street Address of Parent, Guardian, or Emergency Contact Listed Above	City	State./Province	Zip/Postal Code	Country
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E-Mail address: _____

Phone Number(s) Cell: _____ Home _____

SECTION 2: Room and Board Information

I will be: Commuter Residential

A bed, desk, dresser and chair per student are standard for all rooms. This furniture is required to remain in the room for the entire academic year

SECTION 3: Housing Placement Information

*Please rank (1=first choice) building in order of preference. Your preference will be considered, but is **not** a guarantee of placement.*

Dole (gender by floor)	Blair Hall (males only)	Shiphred Hall (co-ed)
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Roommate Preference: If you have a roommate choice who has also requested you, please designate.

Name of roommate/s: _____

Please answer all questions honestly. We will make every effort to find you a roommate with similar interests and habits.

Please complete these statements:

I prefer a roommate who is _____

I am a smoker: Yes No

Please note: Smoking is allowed in designated areas only. There is no smoking in any building on the Olivet College Campus.

Please check all that apply:

PERSONAL PREFERENCE

ROOM ENVIRONMENT

EXTRA-CURRICULAR ACTIVITIES:

I need _____ hours of sleep.

I enjoy an open window.

I like taking naps

I study past midnight.

I prefer a warm, cozy room.

I enjoy working out at the gym.

I study best with background noise

I don't care how my room looks

I regularly participate in religious active.

I enjoy having friends in my room.

I enjoy listening to music.

I will be a member of the _____ team

I am accustomed to sharing space.

I stay up late at night.

I will participate in the music/theatre program

I like to talk on the phone.

I use my computer a lot

I play video games

I am an early morning person.

Other interests: _____

I am interested in foreign languages or in international studies: Yes No

Music Interests: Alternative R & B Blues Classical Country Jazz New Age Rap
Reggae Rock Top 40 Oldies Punk/Ska Other: _____

Any other important information that will help in selecting a roommate for me: _____

Please initial here to give permission for release of your home address, e-mail address and phone number to your assigned roommate: _____

If completed in the fall this agreement is for the entire academic year, both semesters. If completed in the spring this agreement is for the spring semester.

If you are a minor (under the age of 18), your parent or legal guardian must become a party to this License Agreement and sign this agreement as evidence of accepting responsibility. Failure to do so shall be considered a material breach of this agreement. By signing below, student and parent (if student is under 18) indicates that all information provided is true and correct to the best of your knowledge, and that you have read the terms of the License contained on the reverse of this application. Also, by signing this form you have agreed to abide by the Residence Life Policies. **A room assignment will not be made unless you sign this agreement.**

Signature of Student

Date

Signature of Parent or Legal Guardian

Date

White Copy: Housing Office

Yellow Copy: Student

*If filling out electronically, please print a copy for yourself