



HOUSING & MEAL PLAN APPLICATION

Office of Residence Life (T-RL1-01) • 1000 River Road • Teaneck, NJ 07666 • (201) 692-2250

Term Housing Requested (enter year): Fall (September) _____ Spring (January) _____

Office of Residence Life	Room _____ Mailbox _____ Assigned _____ Check In Date _____
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I have applied to be: a Global Scholar an Honors Scholar an FDU Athlete an EOF Student a L.I.F.E. House resident

I have lived on campus before: Yes (year/semester) _____ No

I plan to apply for a medical single: Yes No
 Special Need's Forms can be downloaded at www.fdu.edu/reslifemetro. Once submitted, the Special Needs Committee will review your request for a medical single and render a decision. You will be notified in writing.

My requested roommate is: Last Name, First Name: _____ FDU ID: _____

**Both students must request each other & submit applications together. Every attempt will be made to honor your request.*

Required deposit(s): New residents = \$350 (\$200 room deposit and \$150 one-time security deposit)
 Current residents = \$200 room deposit (\$150 security deposit must be on file with Enrollment Services)

Please return your completed application along with a check or money order (payable to Fairleigh Dickinson University) to:

- New Domestic Students:** Office of Admissions (H-DH3-10), Fairleigh Dickinson University, Teaneck, NJ 07666
- Returning Students:** Office of Enrollment Services (T-KB1-05), Fairleigh Dickinson University, Teaneck, NJ 07666
- New International Students:** International & Graduate Admissions (T-KB1-01), Fairleigh Dickinson University, Teaneck, NJ 07666, USA

STUDENT INFORMATION:

Gender: Male Female

Registration Status: New Student Continuing Student Transfer Student

Entry term class standing: Freshman Sophomore Junior Senior Graduate

Last Name: _____ First Name: _____ Middle Initial: _____

FDU Student ID: _____ Date of Birth (MM/DD/YYYY): _____ E-mail Address: _____

Permanent Street Address: _____ City: _____

State: _____ Country: _____ Zip/Postal Code: _____

Permanent Phone Number: _____ Cell Phone Number: _____

Intended Major: _____ Music Preference: _____

EMERGENCY CONTACT:

Name: _____ Relationship to student: _____

Home Telephone: _____ Work Telephone: _____

HOUSING REQUESTS/ROOMMATE PREFERENCE:

Study Environment	Guests	Smoking
<input type="checkbox"/> I prefer a study environment that is quiet. <input type="checkbox"/> I prefer a study environment with music or TV in the background.	<input type="checkbox"/> I am willing to have guests in my room during visitation hours. <input type="checkbox"/> I prefer not to have guests in my room during visitation hours.	<input type="checkbox"/> I am a smoker <input type="checkbox"/> I am a non-smoker I would prefer to live with a: <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/> No preference <i>note: all residence halls are smoke free</i>
Sharing	Hall Preference	Room Type Preference
<input type="checkbox"/> I am willing to share my personal belongings with my roommate. <input type="checkbox"/> I prefer not to share my personal belongings with my roommate.	<i>New freshmen live in Linden Halls (with exception of Global Scholars & Honors Scholars)</i> Upperclass & grad students only, rate 1-3 _____ U Courts _____ Northpointe _____ Lindens	Rate your room type preference 1-3. Every attempt will be made to honor your request. Keep in mind that there are a limited amount of single and triple rooms. _____ Single _____ Double _____ Triple

