



Jefferson Community College East Hall Student Housing Application

Submit your completed application to Jefferson Community College in one of the following three ways:

1. Scan and email to reslife@sunyjefferson.edu
2. Fax to: 315-755-0357
3. Mail to: The Office of Residence Life & Housing, 775 Rand Drive, Watertown, NY 13601

Applicant Information		
Legal Name (First, Last, M.I.):		Preferred Name:
Date of Birth:	J Number:	Gender Identity:
Current Address:		
City:	State:	ZIP Code:
Cell Phone:	Preferred Email:	

1. Student Status:

- First year at SUNY Jefferson
- Current student at SUNY Jefferson
- Returning Student to SUNY Jefferson (after one or more semesters off)

2. Current housing status:

- I am new to Jefferson and do not live on campus
- I am a current Jefferson student who lives on campus
- I am a current Jefferson student who does not live on campus

3. What is your intended academic major: _____

4. Have you ever been convicted of a felony?

- Yes
- No

5. Select the term for which you are applying for residence:

- Spring 2020 semester only
- Fall 2020 semester only
- Fall 2020-Spring 2021 academic year

6. If you plan to play intercollegiate sports, please indicate which sport(s):

- Soccer (M/W)
- Volleyball (W)
- Basketball (M/W)
- Baseball (M)
- Softball (W)
- Lacrosse (M/W)
- Golf (M/W)

7. Please indicate your room preference:

- Single (Note: Single not available in Quad unit)
- Double
- Triple

**Please refer to our website for the most accurate prices.*

8. Please indicate your first and second preferences:

- I prefer a 4 person quad
- I prefer a 5 person suite
- I prefer a 6 person suite
- No preference

9. Please select a meal plan:

- Option 1: 19 meals per week + \$100 dining dollars: \$2,238* per semester
- Option 2: 16 meals per week + \$150 dining dollars: \$2,142* per semester
- Option 3: 14 meals per week + \$250 dining dollars: \$2,013 per semester
- Option 4: 10 meals per week + \$50 dining dollars: \$1,498 per semester

**1st year students are required to purchase option 1 or 2.*

10. Do you require any special accommodations that would affect your room housing assignment or meal plan?

- No
- Yes

If yes, please contact Coordinator of Student Accommodations and Testing Services Tanya Hoiston, 786-2335, or email, and provide the necessary paperwork to support the accommodation as soon as possible to expedite room assignments. (No later than six weeks prior to the start of classes.)

You may request to share a room and/or a suite with other resident student(s) as long as they are also eligible for housing, have paid the \$250.00 housing deposit, and completed the Residence Life Application. Although every effort will be made to honor your request, there is no guarantee. We will assign students on the basis of space availability and established policies. Please note that the roommate you are requesting must also request to live with you.

11. Do you have any known allergies?

- Yes (List allergies: _____)
- No

12. If you have a particular person you want to room with, type or write their name here.(NOTE: Roommate requests must be mutual.)

Roommate Name:

Suitemate Name:

Suitemate Name:

Suitemate Name:

Suitemate Name:

13. Describe your ideal roommate relationship

Doing everything together

Being friends

Being respectful and peacefully coexisting

14. How do you feel about your roommate using your belongings?

Never a problem using any of my things

Ok, but only after asking permission

Ok with electronics, but not my personal items

Not Okay. My roommate should not use any of my belongings

15. Describe how clean you prefer your room to be.

Usually orderly and clean

Sometimes orderly and clean

Disorderly (i.e. no preference)

16. When does your average day begin?

Before 8AM

Between 8 and 10AM

After 10AM

17. When do you go to sleep, on average?

Before 11PM

Between 11PM and 1AM

After 1AM

18. How would you describe your sleeping habits?

Heavy sleeper (can sleep through noise, lights, etc.)

Light sleeper (require silence and darkness)

In between

19. Please check the three (3) types of music that you listen to and enjoy the most:

<input type="checkbox"/>	Alternative	<input type="checkbox"/>	Gospel	<input type="checkbox"/>	Popular
<input type="checkbox"/>	Broadway	<input type="checkbox"/>	Heavy Metal	<input type="checkbox"/>	Punk
<input type="checkbox"/>	Classical	<input type="checkbox"/>	Jazz	<input type="checkbox"/>	R&B
<input type="checkbox"/>	Christian	<input type="checkbox"/>	Latin	<input type="checkbox"/>	Rap
<input type="checkbox"/>	Country	<input type="checkbox"/>	New Age	<input type="checkbox"/>	Reggae
<input type="checkbox"/>	Dance	<input type="checkbox"/>	Oldies	<input type="checkbox"/>	Hip-hop
<input type="checkbox"/>	Folk	<input type="checkbox"/>	Opera	<input type="checkbox"/>	Other

20. Please check the three (3) ways you most enjoy spending extra time:

<input type="checkbox"/>	Arts	<input type="checkbox"/>	Movies	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Community Service	<input type="checkbox"/>	Music	<input type="checkbox"/>	Road Trips
<input type="checkbox"/>	Computers	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>	Sports
<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Writing	<input type="checkbox"/>	Television
<input type="checkbox"/>	Dining	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Theater
<input type="checkbox"/>	Family	<input type="checkbox"/>	Reading	<input type="checkbox"/>	Video Games

21. Describe your personality:

- Reserved
- Social

22. Describe your preferred roommate personality:

- Reserved
- Social

23. How social do you prefer your room to be?

- Quiet with minimal guests
- Welcoming to one or two friends at a time
- A lively social center where everyone hangs out

24. How do you study?

- I require absolute silence
- I like low background music
- I prefer listening to music or watching television
- I leave the room

25. How would you prefer your roommate respond if he/she were angry/frustrated with you?

- Talk to me about it right away
- Wait to see if the feelings subside
- Talk to me about it later, after cooling down
- Talk to our RA

26. How would you respond if you were angry/frustrated with your roommate?

- Talk to him/her right away about it
- Wait to see if the feelings subside
- Talk to him/her about it later, after cooling down
- Talk to our RA

27. Do you smoke?

Yes

No

28. Do you prefer that your roommate is a non-smoker?

Yes

No (i.e. no preference)

29. Do you drink?

Yes

No

30. Do you prefer that your roommate does not consume alcohol?

Yes

No (i.e. no preference)

31. Generally, rooms are assigned to students of the same gender. Jefferson Community College affirmatively supports the Lesbian, Gay, Bisexual, Transgender and Ally (LGBTQA) community. Gender inclusive rooms may be available where students, regardless of sex, gender or gender identify, share the same bedroom. All East Hall suites have private single-use bathrooms. Are you interested in a gender-inclusive room assignment?

Yes, interested

No, not interested

Maybe, need more information

32. Please provide any other important information that should be taken into consideration when placing you in the residence halls. None of the information taken in this survey will be shared outside of the Office of Housing & Residence Life.

Questions? The [Residence Life Handbook](#) had many answers to your questions. You may also contact the Office of Housing & Residence Life at reslife@sunyjefferson.edu or 315-755-0411.