



# Residential Life Program Application

Semester: Fall (Sept.) \_\_\_\_\_ Spring (Jan.) \_\_\_\_\_ Summer (June) \_\_\_\_\_  
Year Year Year

College ID Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street

City State Zip Code

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Birthday: \_\_\_\_\_ Sex:  Male  Female

1. Are you currently attending Mercy College?  No  Yes

Have you previously attended Mercy College?  No  Yes Year: \_\_\_\_\_

If yes, what is/was your cumulative GPA? \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

## 2. If you are entering as a freshman:

High School: \_\_\_\_\_ Grad. Date: \_\_\_\_\_ GPA: \_\_\_\_\_

What is your intended area of study at Mercy College? \_\_\_\_\_

## 3. If you are entering as a transfer student:

College now attending: \_\_\_\_\_ Grad. Date: \_\_\_\_\_

Cum. Average: \_\_\_\_\_ Number of credits completed: \_\_\_\_\_

4. Have you ever lived in the Mercy College Residence Hall?  No  Yes

a. When was your last semester in the Residence Hall? \_\_\_\_\_

b. What were the circumstances of your departure from the Residence Hall? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. How will you be covering the cost of living in the Residence Hall?**

- I will be applying for a student loan.  
Date filed: \_\_\_\_\_
- My parent/guardian will be applying for a parent loan.  
Date filed: \_\_\_\_\_
- I will be receiving funds from another source.  
Name of source(s): \_\_\_\_\_
- I will be paying cash/charge for the cost.

**6. Did you file a FAFSA?**     No     Yes    Date: \_\_\_\_\_

**7. Did you take a Placement Exam?**     No     Yes    Date: \_\_\_\_\_

**8. What type of room are you interested in?**     Single     Double     Triple     Quad  
(If you are requesting a room other than a single, please fill out page 3 of this application).

*I certify that answers given herein are true and complete to the best of my knowledge. I understand that a review of any disciplinary history will be conducted and I may be disqualified from the Residential Life Program based upon the results of such review. I authorize investigation of all statements contained in this application for the Residential Life Program as may be necessary in arriving at a decision. In the event of acceptance to the program, I understand that false or misleading information given in my application or interview may result in discharge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Mercy College requires that a completed application for admission to the College be on file. **Completion of this application does not guarantee a student a bed.***

*The College retains complete discretion in determining whether a student will be accepted into the Residential Life Program, and all such determinations are final and cannot be appealed.*

**Please forward the completed application and supporting material to:**

**Mercy College  
555 Broadway RM #233  
Dobbs Ferry, NY 10522  
Attn: Office for Residential Life #233**

**E-mail: [residentiallife@mercy.edu](mailto:residentiallife@mercy.edu)**

**Phone Number: 914-674-7277**

**Fax Number: (914) 674-7564**

## **Roommate Matching Information**

The following information will be used to assist the Residence Life staff in attempting to meet your preference regarding roommates. Assigning roommates is done with the intent to match students with similar interests and study habits. The Residence Life staff cannot guarantee that all accommodations indicated on this questionnaire will be met.

Name: \_\_\_\_\_  
                                 Last                                First

Gender:    Male        Female

**Sleeping Habits:** I am a...*(check one)*

Night person        Morning person        Both

I usually need \_\_\_\_\_ hours of sleep at night, and go to bed at \_\_\_\_\_ AM/PM.

**Study Habits:** I prefer to study... *(Please choose one answer for each row)*

With music/TV        Alone/quiet  
 In my dorm            In the library  
 3+ hours a day        1-3 hours a day

**Cleaning Habits:** How do you like the environment in which you live? *(check one)*

Very neat        Moderately neat        No preference

**Smoking Preference:**

*Note: The use of tobacco is prohibited in all Mercy college buildings, including the residence hall.*

I am...                    Non-smoker        Smoker

I prefer my roommate to be a...    Non-smoker    Smoker    Does not matter

**Social Preferences:** I prefer my dorm room to be...*(check one)*

A place for friends to gather and talk  
 A private place to study and sleep

**Interests:** Please list any interest, hobbies, sports, or school activities you enjoy.

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Would you like to be placed with a student with a similar major?    Yes        No

If so, please indicate your major: \_\_\_\_\_