



Office of Student Affairs

N.I.T.E. Housing Application

Please fully complete the following application if you will require housing for the N.I.T.E. program. By submitting this application, you are acknowledging that you have familiarized yourself with the applicable room and board costs.

Student Contact Information

First name _____ Last name _____

PLEASE PRINT CLEARLY

Address _____ Apt _____

City _____ State _____ Zip _____

Home telephone (_____) _____

Cell phone (_____) _____

E-mail home work _____

Cambridge College ID number _____

Dates of Attendance at N.I.T.E. for which you require housing

Month	Day	Year
		2011

to

Month	Day	Year
		2011

Car Will you be driving to Boston and need a parking space? Yes No

Roommate Questionnaire To help us make a good roommate match, it is important that you answer the questions below in an honest and thoughtful manner. Assignments are made on a space available basis and we will make every attempt to honor your preferences.

Generally, I consider myself a:	I keep my room:	I prefer to study:
<input type="checkbox"/> Morning Person	<input type="checkbox"/> Neat	<input type="checkbox"/> Outside of my room (library, study lounge, etc.)
<input type="checkbox"/> Night Person	<input type="checkbox"/> Slightly Messy	<input type="checkbox"/> Quietly in my room
<input type="checkbox"/> Combination	<input type="checkbox"/> Very Messy	<input type="checkbox"/> In my room with music or TV

A comfortable flow of visitors is:	Although I understand residents cannot smoke cigarettes in the building, my preference regarding living with a smoker is:	If you have a roommate preference, please provide us with names:
<input type="checkbox"/> Periodic visitors	<input type="checkbox"/> I would prefer not to	_____
<input type="checkbox"/> Steady flow of visitors	<input type="checkbox"/> I would prefer to	_____
<input type="checkbox"/> No visitors	<input type="checkbox"/> It doesn't matter to me either way	_____

Special Accommodations If you require special accommodations based on a documented disability, you must provide appropriate documentation to the Dean of Student Affairs. Documentation can be mailed to:

Susan Antonelli, Dean of Student Affairs
Cambridge College
1000 Massachusetts Avenue, Room 319
Cambridge, MA 02138

Documentation can also be faxed to 617-873-0454

- I agree to pay all fees when due, to abide by all rules and regulations as may be established by the College and Emmanuel College residence hall staff and to conform to all College and residence hall policies as stated in the Student Handbook, College Catalog and other College publications.
- I understand that my signature obligates me financially for the cost of the residence hall space for the week(s) I have indicated above.

Signature _____ Date _____