Department of Residence Life
1 College Circle
Geneseo, NY 14454
Phone: 585-245-5726
FAX: 585-245-5710
Email: reslife@geneseo.edu

2009-2010
RESIDENTIAL LICENSE AGREEMENT

Office Use Only
[ ] Cash Amount: $_____ Date_____
[ ] Check By _____ Receipt #_____
[ ] [ ] [ ]
[ ] New student deposit on file
Status: [ ] returning [ ] deferral [ ] first-year
[ ] re-admit [ ] transfer [ ] visiting
Assignment: _____
Hall Room

This Residential License is binding for the entire 2009-10 academic year. Students participating in academic programs that require them to be away from the campus for a portion of the academic year may apply for a mid-year release from their Residential License. Those who are released from their Residential License agreement and remain enrolled in the College will be charged a $150 administrative fee. Students leaving the College at the end of the fall semester will be granted a mid-year release.

(PLEASE PRINT ~ USE INK)

Last Name: _____ First Name:_____ MI:_____

Student ID Number:_____
(New students may leave this blank- Do NOT put your Social Security Number on this form)
Date of Birth: ____/____/____ Sex: [ ] F [ ] M

Home Address: _____ City: _____ State: _____ Zip:_____

Home Phone: (_____) _____ Major: _____ Email: _____

College Mailbox (if known):_____ Cell Phone (optional):_____

Incoming Students: In order to best meet your housing needs, please complete the following information. Preferences will be honored on a space available basis. **Returning students:** This section will be used in the event we have to place a student in your room**.**

I am:
[ ] a non-smoker
[ ]a smoker*
***Please note: smoking is prohibited in all residential facilities.**

When I study:
[ ] I need quiet
[ ] background noise is okay
(e.g. TV, music, etc.)

I expect to keep my room:
[ ] neat
[ ] lived in
[ ] very lived in

I use electronic equipment:
(includes TV, music, computer, etc.)
[ ] often after midnight
[ ] rarely after midnight

Hall style preference:
[ ] corridor
[ ] suite
[ ] no preference

Preferred roommate status:
[ ] first-year
[ ] upper level
[ ] no preference

Expected graduation year:
[ ] '13 [ ] '11
[ ] '12 [ ] '10
[ ] Dec. '09

When I sleep:
[ ] I need quiet
[ ] background noise is okay
(e.g. TV, music, light talking)

Special Interest Sections: (leave blank if no preference)
[ ] First-year class of 2013 – Onondaga and Jones Halls
[ ] Dante House – First-year students only – Wayne Hall (separate application)
[ ] Substance free – Sections of Jones, Onondaga, and Livingston Halls*
*behavioral contract required upon move-in
[ ] Foreign Language (French and Spanish) – Ontario Hall
[ ] International Student Housing – Steuben, Wayne and Wyoming Halls
[ ] Writers House- Seneca Hall (separate application)

There is someone with whom I would like to share a room: [ ] No [ ] Yes If yes, name:_____
(Please print) Last, First

This student is: [ ] an accepted incoming student [ ] a current student **Note: Written mutual consent required from both students by 6/1/09**

Voluntary self-identification: Please indicate any other information you would like us to know for placement. The College is in full compliance with Section 504 of the Rehabilitation Act of 1973. The College makes room assignments without regard to age, color, creed, disability, marital status, national origin, race, sexual orientation or veteran status as either disabled or of the Vietnam or Gulf War era. Information provided in this section is completely voluntary and will only be used by appropriate College officials in meeting your needs.

I agree to the terms and conditions of occupancy as specified in the SUNY Geneseo Residential License, The SUNY Geneseo Student Handbook, and the Policies of the Board of Trustees, all of which are incorporated herein by specific reference and made part of this agreement. If under 18 years of age, a parent or guardian must also sign below. **THIS AGREEMENT IS IN EFFECT FOR THE ENTIRE ACADEMIC YEAR AND TERMINATES AT THE END OF THE SPRING SEMESTER.**

Student Signature_____ Date_____
(To be signed by student completing form)

Parent/Guardian Signature_____ Date_____