

# WORCESTER POLYTECHNIC INSTITUTE

## EXCHANGE-STUDENT HOUSING REQUEST FORM

Name \_\_\_\_\_ Class of \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

Home Address \_\_\_\_\_ Email: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

\_\_\_Male \_\_\_Female                      Date of Birth: \_\_\_\_\_

### Housing Request

**Housing Request Beginning Term** (circle one):            A    B    C    D

**Residence Hall Preference:** Please consult the Residence Hall Living Brochure for a description of each residence hall. Please number in order of preference, giving each building a number (#1 being your first preference):

	Founders Hall		Stoddard Complex		Riley Hall
	Morgan Hall		Ellsworth/Fuller Apartments		25 Trowbridge House
	World House*		Healthy Alternatives House*		26 Hackfeld House

*\* If you are interested in living in Healthy Alternatives or World House, please submit a one-page statement outlining your reasons for wanting to live in the house and attach it to this form.*

### Roommate Preference Questions:

Do you smoke?		Yes		No
Would you live with a smoker?		Yes		No
Do you study:		In a quiet place		With music or TV
Do you usually:		Get up early		Stay up late
Do you keep your room:		Generally neat		More casual

**\* All rooms are smoke free**

**Roommate Requests** (please provide names-only mutual requests will be honored):

\_\_\_\_\_

Please list any special housing considerations/needs in the space below. Requests due to a medical condition must be accompanied by a medical statement from the student's physician. Please attach statement to this form. The statement must specify the medical condition involved. The medical condition must be relevant to the special accommodation(s) requested.

### ▼ FOR OFFICE USE ONLY ▼

Date Received: \_\_\_\_\_

Room Assignment: \_\_\_\_\_