WPI

EXCHANGE STUDENT HOUSING REQUEST FORM

Name _____ Class of _____

WPI ID # _____ Phone number ( ) _____

Home Address _____
Street

_____
City State Zip Code

☐ Male ☐ Female Date of Birth: _____Email: _____

Housing Request

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

Residence Hall Preference: Please consult the Residence Hall Living Brochure or our web page at http://www.wpi.edu/Admin/RSO/ for a description of each residence hall. Please number in order of preference, giving each building a number (#1 being your first preference):

	Daniels Hall		Stoddard Complex		Riley Hall
	Morgan Hall		Institute Hall		Any Space
	World House*		Healthy Alternatives House*		Unity House*

**If you are interested in living in a Special Interest 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

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. The statement must specify the medical condition involved. The medical condition must be relevant to the special accommodation(s) requested. Please attach statement to this form.

▼FOR OFFICE USE ONLY▼

Date Received: Room Assignment: _____