



**ANTIOCH COLLEGE
CAMPUS HOUSING AND RESIDENCE LIFE
HOUSING PREFERENCE FORM**

Please Complete this form by April 20, 2007
Return by e-mail to kdorsey@antioch-college.edu or by fax (937)769-1034

CONTACT INFORMATION

Name _____
Last First MI

Home Address _____

City State Zip

Birthday Month _____ Year _____

1. Phone () _____ 2. Phone () _____

The Antioch College Campus Housing Office will use your College e-mail address for official notification of your room assignment and roommate.

I am a: (underline the appropriate one)

Male Female Gender Neutral

1st year 2nd year 3rd year 4th year transfer

I prefer to live with (underline those that apply):

- | | | |
|------------------|----------------|-----------------------|
| 1. Male | Female | Gender Neutral |
| 2. Non Smoker | Smoker | I don't mind a smoker |
| 3. Night Owl | Early Bird | Depends |
| 4. Social Person | Private Person | Call before visiting |
| 5. Messy | Neat | |

Residence Hall Designations

All residence halls are non smoking.

All residence halls are designated as quiet (students should be able to study or sleep at anytime).

All students that are not officially 4th year should expect to have a roommate.

4th year double single room preference is based on space available.

All students including 4th years are encouraged to choose a roommate.

NORTH HALL and **SPALT HALL** (1st Years Only)

MILLS (non traditional 1st years and transfers)

MILLS AND BIRCH (2nd, 3rd and 4th years)

UNITS (for a minimum of 6 students that want to live together in a community setting)

RANK ORDER YOUR PREFERENCES

- _____ No preference
- _____ Single Gender Floor (Everyone living on this space and room will be the same gender).
- _____ CHEM FREE (choosing this option students do not smoke and do not want to be around people that smoke).
- _____ Gender Neutral (students living on this floor will share rooms and common space with different genders).

SPECIFIC ROOM REQUEST (students who have lived on campus may request a specific room and building) This request does not guarantee that you will get that room because it is based on first come-first serve.

Residence Hall _____ Room Number _____

ROOMMATE REQUEST (ROOMMATES MUST REQUEST EACH OTHER)

NAME (please print) _____

SPECIAL NEEDS

Do you have any health needs that should be taken into consideration when making your room assignment? If yes, please indicate the reason and submit supporting documentation.

Other Information: This space is for other information that may feel is appropriate for making your room assignment.
