ANTIOCH COLLEGE
HOUSING PREFERENCE FORM (Entering Students)
ACADEMIC YEAR 2006-2007

for office use only

Please Complete this form by July 1 and send by e-mail to
kdorsey@antioch-college.edu or fax to (937)769-1034

Name _____ _____ _____
Last First MI

Home Address _____

_____ _____ _____
City State Zip

Phone (_____) _____

Your roommate will be contacting you by using your Antioch e-mail address.

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

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

*No smoking will be allowed in entering student residence halls. But will be considered when assigning roommates.
*All entering students will be housed with a roommate.

B. Residence Halls:
All first year students will be housed in NORTH or SPALT Only exceptions may be Transfer or International Students (dependent on class rank).

C: 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.

_____
_____
_____

D: Roommate Request:
If you have someone who you would like to live with, please indicate their full name and contact information. All students requesting to live together must indicate each others information on their housing preference form.

Name _____

Address _____

City _____ State _____ Zip _____