

Office of Residence Life Harcum College 750 Montgomery Avenue Bryn Mawr, PA 19082 PHONE: (610) 526-6080 FAX: (610) 526-6093 EMAIL: lulewis@harcum.edu	HARCUM COLLEGE NEW STUDENT HOUSING AND DINNING APPLICATION 	<u>FOR OFFICE USE ONLY</u> _____ Residence Hall Room _____ Housing Deposit Date
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PLEASE PRINT AND USE INK

_____	_____	_____
Last	First	MI
_____	_____	
Preferred Name	Name of Guardian or Parent	
_____	_____	_____
Street Address	City	State Zip Country
_____	Date of Birth: ____/____/____ Gender: MALE FEMALE	
Primary Phone or Cell Phone	_____	
_____	_____	
Email Address	Intended Major	

STUDENT: PLEASE COMPLETE THIS SECTION ACCURATELY AND HONESTLY
In order to best meet your housing needs, please complete the following information and return it by August 1st.

Residence Hall Preference

- | | |
|---|---|
| <input type="checkbox"/> Pennswood Hall 2 nd Floor (female floor) | <input type="checkbox"/> Pennswood Hall 3 rd Floor (Male & Female Floor) |
| <input type="checkbox"/> Klein Hall 2nd Floor (Male Floor) | <input type="checkbox"/> Klein Hall 3 rd Floor (Quiet Study Floor) |
| <input type="checkbox"/> Vet Tech Living Learning Community (2 nd Floor Pennswood) | <input type="checkbox"/> Single Room (<i>an additional \$500 per semester</i>) |

Please Circle One Answer in the Appropriate Category

I am a...	I normally go to bed...	I keep my room...	I prefer to share a room with	
smoker	before midnight	neat	non-smoker	morning person
non-smoker	after midnight	lived in	smoker	night person
recreational smoker		messy	no preference	no preference
I listen to music in my room...		I listen to music when...	I study...	
Often		Studying	1-3 hours/day	
Sometimes		Sleeping	3-6 hours/day	
Rarely		Neither	More than 6 hours/day	

I have a disability or medical condition that may affect my housing assignment...

If yes please attach a statement of explanation as well as documentation from a physician which will remain confidential and will be used to assist in providing your housing needs. Please note that all housing accommodations are granted on an as needed basis and approved by the Coordinator of Disabilities Services and the Director of Residence Life.

I have a friend with whom I would like to share a room with (This is a preference – NOT A GUARANTEE)

Note: We must have written mutual consent from BOTH roommates to ensure placement. Please consult with the person you list before submitting this application. All applications must have all names listed.

1. _____ 2. _____

All resident students are automatically enrolled in the Harcum College residential meal plan which includes 19 meals per week.

The undersign agrees to the Harcum College Student Code of Conduct as underlined in the Student Handbook (available online www.harcum.edu).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If student is under the age of 18)

HARCUM COLLEGE OFFICE OF RESIDENCE LIFE

A \$200 Housing Deposit must accompany new student application. Applications received without deposit will be returned.

A \$700 (\$200 housing deposit + \$500 single room charge) payment is required if you are requesting a single room.

Student Name: _____

Date: _____

Please return application and deposit to:

**Harcum College
Office of Residence Life
750 Montgomery Ave
Bryn Mawr, PA 19010**