NAME: ____________________________ CLASS YEAR: __________

PLEASE complete the following questionnaire and return it to the Office of Residential Life at the time you declare a leave of absence for fall and/or spring semesters. If you later wish to change any preferences you now list, you may communicate this in writing or e-mail (reslife@hamilton.edu) at any time during your absence from the College.

WHAT SEMESTER & YEAR ARE YOU PLANNING TO RETURN TO HAMILTON?

_______________________________________________

Indicate your housing preferences below by listing residence hall preference, side of campus, type of room, and roommate preference. If you are a rising senior and desire to live off campus, you will need to enter the off campus lottery. Lottery order is based on seniority. Those successful in this lottery will then be granted permission to move off campus and will automatically participate in the 7 meal plan.

PREFERENCE #1:
Residence Hall:
Size of Room (single, double, etc.):
Side of Campus:
Roommate(s):

PREFERENCE #2:
Residence Hall:
Size of Room (single, double, etc.):
Side of Campus:
Roommate(s):

PREFERENCE #3:
Residence Hall:
Size of Room (single, double, etc.):
Side of Campus:
Roommate(s):

DO YOU SMOKE? (Y/N) _______ WOULD YOU LIVE WITH A SMOKER? (Y/N) _______

Would you like to live in a Substance Free Area? _______ Quiet? _______ Co-Op? _______

(See reverse side)

PROXY DESIGNATION: Since we are unable to communicate with you while you are away, please be sure to designate a proxy you can trust. Your proxy’s decision for your room is binding. The Office of Residential Life will act as your proxy if you have not already arranged for someone to choose a room for you. If you have chosen a proxy, or want the Office of Residential Life to be your proxy, please indicate whom below:

PROXY: __________________________ PROXY’S INITIALS: __________

NOTE: If you designate Residential Life as your proxy, please remember that we will do our best, but cannot guarantee the prefect room. We strongly recommend that you find a friend currently on campus to act as your proxy. If you leave this space blank a room WILL NOT be chosen for you.
MEAL PLAN INFORMATION

All students must participate in the College meal plan. First-year students and sophomores participate on the full 21 meal plan. Junior and senior students have the option to participate on the 14 meal plan or the 21 meal plan. Students (regardless of class year) living in the Saunders House, Griffin Road Apartments, the Farmhouse Apartments, Kirkland Loft Apartments, 100 College Hill Road, 3994/4002A/4002B Campus Road, as Minor/McIntosh/Milbank/Keehn faculty apartments are automatically on the seven meal plan. If desired, these students can opt for an increased meal plan by contacting the Office of Residential Life. Students living in or the Rogers Estate are required to be on the full 21 meal plan and will have breakfasts and dinners provided at the house. Students living in Woollcott residence hall are required to be on the Co-Op meal plan.

Prior to your return to campus you will be able to select your meal plan based on your room assignment. All returning students will be notified of their meal plan options and will need to designate a meal plan with the Office of Residential Life.

Students with medical restrictions should see the Director of Residential Life.

Signature: ________________________________________ Date: ______________________

Return this form to the Office of Residential Life at the time you declare a leave of absence. Thank you.