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.

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 perfect 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 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, Morris House, Griffin Road Apartments, the Farmhouse Apartments, Kirkland Loft Apartments, 100 College Hill Road, Minor/McIntosh/Milbank/Keehn faculty apartments have the option to be on the 7 meal plan. Students living in the Rogers Estate are required to be on the 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 Assistant Dean of Students for Residential Life.

Signature: ___________________________________ Date: ______________________

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