

collegevillage@genesee.edu

Parent Signature

Name (last, first, middle)					Date		
Street		Apt.	City	State	Zip	County	
Country				Social Security Nu	mber	·	
Home Phone		Email Ad	ddress		Date of Birth		
Major				GCC Start Date			
Emergency Contact:		Address	;		Telephone #	Relationship	
	_	Single				application for additional	
	3. Do you request spec				9. I consider myself a. □ early riser b. □ neat c. □ outgoing		
	5. List any allergies:				10. What is your attitude about noise: ☐ I don't mind a noisy environment ☐ I like a balance between noise and ☐ I strongly dislike noise		
	, , , , ,				10. I would prefer a	24-hour quiet building □ `	
	•	- · · · - · · ·			11. Are you a non-traditional student? (ov		
	6. Do you smoke? [☐ Yes ☐ No			LL. Are you a non-u	aditional student? (over ag	
	6. Do you smoke? I7. Please list hobbies us with room assignment	or school activ	ities that may	help	12. Would you pref		

application is not accepted. If my application is accepted and I choose to withdraw my application, I understand my application fee will not be refunded. No application will be accepted without \$100 application fee. I understand that College Village personnel reserve the right to make all housing assignments and can give no assurances that any request will be accommodated. Please take notice that College Village cannot insure a resident's personal property.

Applicant Signature



RESIDENCE LIFE FOR GENESEE COMMUNITY COLLEGE

Name (last, first, middle)				Date	
Street	Apt.	City	State	Zip	County
Country			Social Security Nu	ımber	
Home Phone	Email Add	dress		Date of Birth	
Major			GCC Start Date		
Emergency Contact:	Address			Telephone #	Relationshi
ousing/Roommate Preferences (F	Please us	e the back side of	f application for a	additional space.)	
Requested Roommates:	8.	Will you particip	ate in any sports	s at GCC? Please n	note:
Requested Roommates:	8.	• Will you particip	ate in any sports	s at GCC? Please n	note:
	_	Will you participI consider myself		s at GCC? Please n	note:
	_	■ I consider myself a. □ early riser	(either/or): □ night owl	s at GCC? Please n	note:
Do you request special accommodations due to a physical impairment?	_	■ I consider myself	(either/or):	s at GCC? Please n	note:
Do you request special accommodations due to a physical impairment?	9.	I consider myself a. □ early riser b. □ neat	(either/or): · □ night owl □ sloppy □ shy		note:
Do you request special accommodations due to a physical impairment?	9.	I consider myself a. □ early riser b. □ neat c. □ outgoing	(either/or): · □ night owl □ sloppy □ shy	e:	note:
Do you request special accommodations due to a physical impairment?	9.	■ I consider myself a. □ early riser b. □ neat c. □ outgoing ■ What is your at □ I don't mind a	(either/or): ☐ night owl ☐ sloppy ☐ shy titude about noise a noisy environment of the street of th	e: ent	note:
Do you request special accommodations due to a physical impairment? Do you have any medical conditions that we should know about?	9.	■ I consider myself a. □ early riser b. □ neat c. □ outgoing ■ What is your at □ I don't mind and I like a balan □ I strongly dis	(either/or): □ night owl □ sloppy □ shy titude about noise a noisy environment of between noise like noise	e: ent e and quiet	
Do you request special accommodations due to a physical impairment? Do you have any medical conditions that we should know about? List any allergies:	9.	■ I consider myself a. □ early riser b. □ neat c. □ outgoing O. What is your at □ I don't mind a □ I like a balan □ I strongly dis O. I would prefer a	(either/or): night owl sloppy shy titude about noise a noisy environmece between noise like noise	e: ent e and quiet uilding 🗆 Yes 🔲 No	0
Do you request special accommodations due to a physical impairment? Do you have any medical conditions that we should know about? List any allergies: Do you smoke? Yes No	9.	I consider myself a. □ early riser b. □ neat c. □ outgoing What is your at □ I don't mind a □ I like a balan □ I strongly dis I would prefer a Are you a non-tr	(either/or):	e: ent e and quiet iilding □ Yes □ No ? (over age 23) □	0
Do you request special accommodations due to a physical impairment? Do you have any medical conditions that we should know about? List any allergies: Do you smoke? □ Yes □ No Please list hobbies or school activities that may help us with room assignments:	9.	I consider myself a. □ early riser b. □ neat c. □ outgoing Under the policy of the policy I like a balan □ I strongly disting I would prefer a Are you a non-tr Would you prefer	(either/or):	e: ent e and quiet iilding □ Yes □ No ? (over age 23) □	0

Applicant Signature Parent Signature