

When you submit your application for housing you are agreeing to abide by the Residence Hall or Apartment and Board Contract. These agreements become binding when you are assigned housing. Please remember the housing contract is for the entire 2007-2008 academic year.

Please print and complete all requested information on the front and back sides of this application. Upon completion, please return the application with a \$150.00 Housing Reservation/Damage Deposit to the Office of Housing and Residential Life, The Richard Stockton College of New Jersey, PO Box 195, Pomona, NJ 08240. The Housing Reservation/Damage Deposit is separate from any other deposits required by the College. If you need special housing accommodations as determined by the Americans With Disabilities Act, contact the Learning Access Program Office at (609) 652-4988.

Student ID or Z #: _____ Date: _____ Gender: Male Female

Name: _____

Home Address: _____

City State ZIP Country

Home Telephone: _____

Cellular Telephone: _____

E-Mail Address: _____

IMMUNIZATION REQUIREMENTS FOR ALL MATRICULATED STUDENTS: All full-time and part-time students born after January 1, 1957, who are enrolled in a degree program, must submit proof of immunizations to the Office of Health Services, West Quad 108. Required immunizations include:

- **Measles: 2 doses (at least 30 days apart) or provide proof of immunity.**
- **Mumps: 1 dose or provide proof of immunity.**
- **Rubella: 1 dose or provide proof of immunity.**

All vaccines must be on first birthday or after. We cannot accept any vaccines prior to first birthday. If vaccinated before 1968, you must produce proof of immunity or be revaccinated.

Students residing on campus also need a Meningitis vaccine in addition to the above requirements. Proof of this vaccination must be submitted prior to receiving housing keys. New residential students will not be permitted to move into the housing facilities until documentation of meningitis immunization is provided to the Office of Health Services. Call Health Services at (609) 652-4701. Proof of immunizations may be faxed to Health Services at (609) 626-5586. Visit www.stockton.edu/wellness for more information.

ATTENTION: IMPORTANT STATE REQUIREMENTS TO ATTEND COLLEGE

Health Insurance* is mandatory for all students. When you register for classes, there will be a health insurance charge included on your account. You may view the insurance coverage by visiting <http://www.BollingerInsurance.com/stockton>.

You have two options:

Online Application: If you want this health insurance you must complete an on-line application. If you do not have your own Health Insurance, you **must** enroll in the college plan offered by Bollinger.

Online Waiver: If you have your own private health insurance and **do not** wish to participate in the college plan, you must submit an online waiver within the first 30 days of classes.

Online applications and waivers can be found at www.stockton.edu/wellness. You will need your student Z # and PIN # to access the forms.

*Health Insurance must be addressed every year. If you do not submit an online waiver within the first 30 days of classes, the health insurance charge will remain on your account until it is paid and you will be automatically enrolled in the college health insurance plan.

FOR OFFICE USE ONLY

Status: _____

Earned Hours _____

GPA _____

Assignment:

Complex _____

Site _____

Room _____

Bed No. _____

Room Code _____

Board Code _____

Date _____

HMS _____

SIS _____

Ops. ID _____

Wait List Sequence:

A. Applicant Status

I am being admitted as a:

- Freshman (0-31 credits)
- Sophomore (32-63 credits)
- Junior (64-95 credits)
- Senior (96+ credits)
- Graduate Student

B. Housing Options (Visit www.stockton.edu/housing for housing descriptions.)

Applicant Housing Preferences and Requests: *If your primary housing request is a single room, your alternate housing request must include a double room. Also, please know that L and M Buildings in Housing III have been identified as the Academic Units and E-Building in Housing II as the Wellness/Substance Free Unit and are available on a limited basis. Fall Housing is assigned based upon availability.*

Currently Attending Freshman, Sophomore, Junior, Senior, Graduate Student Options

- | | |
|---|---|
| <input type="checkbox"/> Residence Hall Single (Housing II or III) | <input type="checkbox"/> Residence Hall Wellness/Substance Free Unit Double |
| <input type="checkbox"/> Residence Hall Double (Housing II or III) | |
| <input type="checkbox"/> Residence Hall Academic Unit Single | <input type="checkbox"/> Apartment in Housing I |
| <input type="checkbox"/> Residence Hall Academic Unit Double | <input type="checkbox"/> Apartment in Housing I Academic/Wellness Area |
| <input type="checkbox"/> Residence Hall Honors Unit Single | <input type="checkbox"/> Apartment in Housing IV |
| <input type="checkbox"/> Residence Hall Honors Unit Double | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Residence Hall Wellness/Substance Free Unit Single | |

Applicant Payment and Meal Plan Information

*Residence Hall occupants **must** participate in the Extreme, 180 or 120 Block Meal Plan. If you are assigned to a residence hall you will be assigned a meal plan. You can change your meal plan and view the posted deadlines for meal plan changes on the Bursar's website at www.stockton.edu/bursars.*

My choice for meal plan is:

Residential Halls and/or Apartments

- Extreme meal plan
- 180 block meal plan
- 120 block meal plan

Apartments Only

- Extreme meal plan
- 180 block meal plan
- 120 block meal plan
- Freedom 7
- Freedom 5
- No meal plan

C. Applicant Roommate Requests

Only mutual roommate requests will be honored. The Office of Housing and Residential Life will make every attempt to honor your preferences and requests; however, no guarantees can be made. Housing is awarded on a space availability basis. Fall semester roommate requests will be handled on a first-come, first-served basis.

I wish to live with the following individuals.

1. _____ 2. _____ 3. _____
Name Name Name

D. APPLICANT CERTIFICATION

This application is void unless signed by the applicant.

I understand that if I decide not to reside in on-campus housing for Fall 2007, I must so advise the Office of Housing and Residential Life prior to **June 1, 2007**. Failure to do so will result in the *loss of my \$150.00 reservation/damage deposit* and any accrued interest. I further understand that if my first reservation/rent payment is not made by **August 1, 2007***, I will forfeit my reservation/damage deposit and lose my space in on-campus housing. **Late cancellations after a rent payment has been made will forfeit the reservation deposit plus additional fees as follows:** 1) *Cancellations made within seven (7) days after the payment date - \$100.00;* 2) *Cancellations within fifteen (15) days after the payment date - \$150.00;* 3) *Cancellations after fifteen (15) days from the payment date - \$250.00.* **If I receive Housing after August 1, 2007, payment is due immediately.**

SIGNATURE: _____

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*Cancellation date subject to change.

HOUSING AND RESIDENTIAL LIFE USE:	
Sent: _____	Notified: _____
Picked Up: _____	Cancel: _____
