Undergraduate Housing Office Phone: (603) 646-3093

Fax: (603) 646-1677

Email: [residential.life@dartmouth.edu](mailto:residential.life@dartmouth.edu)

**Dartmouth College**

**Returning Student Housing Application**

**This document is in a word form format. Please use the tab key or mouse to move from one form field to the next. The student type, term, year, and housing preference fields are drop-down boxes. Once complete, please save and email to** [**residential.life@dartmouth.edu.**](mailto:residential.life@dartmouth.edu)

Last Name:

ID #: Sex:

First/Preferred Name: M.I.:

Class Year: Student Type: Status

Email where you can be reached:

Dean coordinating your return:

I am applying for housing beginning

(indicate Term and Year):

Cell Phone :

Return Status: Approved Pending

# Please check all that apply:

I wish to apply for a room in my House Community (please specify your House):

I have applied for a room in a Living Learning Community (please specify):

I plan to live in a college-approved Greek or Undergraduate Society House. My affiliation is:

I prefer a substance-free residence hall/floor.

I have a medical or disability-related need that requires special housing. (Documentation from a physician who is not a family member must be provided by the appropriate housing deadline in order to be considered.)

Yes No Current documentation for my medical/disability-related need is on file with the Office of Residential Life.

# Housing Preferences:

**Room Types**: please rank the room types in order of preference in the below drop-down boxes. (Please note that not all room types are available in all House Communities or LLCs.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1st** | **Single** | **2nd** | **Single** | **3rd** | **Single** | **4th** | **Single** | **5th** | **Single** |

# Roommate Request(s): please indicate roommate request, if any, below.

**Comments:**

*I understand that College Rules and Regulations are listed on the Office of Residential Life website. I understand that I am obligated to know and follow these established rules and regulations.*

Signature: Date: