

Residential Life

On-Campus Housing Application

Washington County Community College offers apartment style housing. Each apartment houses up to five students in two double rooms and one single room. There is a shared living room, bathroom and kitchen.

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____

Cell phone carrier: US Cellular Verizon AT & T Tracfone Other _____ Text Updates: ___ Yes ___ No

Personal email address: _____ Program of Study: _____

Emergency Contact: _____ Phone Number: _____

First-year student ___ Second-year student ___ semester/year fall ___ spring ___ 20 ___ Gender _____ Age _____

PREFERENCE (S): The Residential Life staff at Washington County Community College will be working to make your stay as comfortable as possible. Please take a few minutes to answer the following questions to help us assign roommates and arrange residential life programs for you. Remember, if you desire a specific person as a roommate, you both must request each other on your individual applications.

Smoking:

- I am a smoker
- I don't smoke, but it's okay if my roommates do
- I do not want a roommate that smokes

My Room:

- I am neat and organized
- I am not too messy, but not overly neat
- My room is usually chaotic and messy

Study Habits:

- I need absolute quiet when I study
- I can study with a little background noise
- I will go to the library to study

What Characteristics Describe Your Personality?

- Quiet
- Quiet until I get to know someone
- I am outgoing

Sleeping Habits:

- I sleep with music/background noise
- I stay up late and like to sleep in
- I am flexible

Do You Plan:

- Go home on most weekends
- Stay on campus most weekends
- Go home only on long weekends and breaks

Guests:

- I plan on having overnight guests occasionally
- I am fine if my roommates have overnight guests
- I will not have overnight guests and prefer my roommates also do not have overnight guests

In My Spare Time:

- I like outdoor adventure
- I prefer to play video games/watch movies
- I like to attend events and programs with friends

Is there anything else you would like us to know about you when placing you with roommates? If so, please explain:

One College Drive
Calais, ME 04619

Residential Life

207-454-1054
Instate: 800-210-6932
Fax: 207-454-1092

Housing Communities

Gender Inclusive Housing

In this community, roommates are assigned based primarily on hobbies and interests and gender identification is not factored into the process. This can be home to members of the LGBTQIA community, opposite-gender couples, siblings or any others wishing to live in this type of housing. By selecting Gender Inclusive Housing, you agree you may be placed in an apartment with a person of any gender for any reason.

- I do not want to live in this community.
- I definitely want to live in this community.
- This community would be my backup choice.

If you would prefer to be assigned to our general housing community, please indicate below:

- Yes, I would rather be assigned to general housing

Have you ever been convicted or adjudicated of a crime other than a traffic violation? (If so, please describe briefly):

Are there any medical problems or specific diet concerns of which the staff should be aware? LIST:

Please note: If you feel you need an accommodation for a single room, please contact our Accessibility Specialist by calling (207) 454-1093 or (207) 454-1064. You can also start the process by visiting this website: <https://www.wccc.me.edu/academics/stupport/academic-support-2/>.

Are there specific people you would like to room with? If so, please list:

The primary objective of the Residential Life staff is to provide an atmosphere conducive to study, relaxation and growth. Therefore, all residents are asked to follow guidelines set forth in the Residence Life Handbook, Student Code of Conduct, Student Handbook and Housing Contract/Addendums. Residents are strongly encouraged to become familiar with the policies and procedures in these documents.

Student Signature: _____ Date: _____

Parent / Guardian: _____ Date: _____

*if student under 18 years of age

For Business Office Use Only

Date Received: _____ Receipt #: _____ Received By: _____