

NEW YORK MEDICAL COLLEGE
OFFICE OF STUDENT & RESIDENTIAL LIFE
INFORMATION AND APPLICATION



NEW YORK MEDICAL COLLEGE
OFFICE OF STUDENT & RESIDENTIAL LIFE
ADMINISTRATION BUILDING-ROOM 116
VALHALLA, NY 10595
(914) 594-4832

NEW YORK MEDICAL COLLEGE

OFFICE OF STUDENT & RESIDENTIAL LIFE APPLICATION INSTRUCTIONS

New York Medical College has 15 on-campus apartment buildings, each strictly devoted to students, all located just steps away from our academic buildings. We house approximately 500 students in a variety of different apartments types ranging from unfurnished studio units, to fully furnished shared 4 bedroom apartments. Campus housing is assigned on a first-come, first-served basis so if you think you want to live on campus, please complete the attached application and submit to the Office of Student & Residential Life as early as possible. A non-refundable application fee of \$200.00 must be enclosed with the application.

Please complete the application as follows:

Applicant Information:

Email Address: Please print clearly and use an email address that you are sure to check often.

Assignment Information:

Date Housing Required: If you are a new student you will be notified of the move in date, if you are a current student, please indicate the date you would need housing.

Housing Type Desired: Using the information sheet as a guide, indicate the type of housing accommodation desired.

Housing Questionnaire (Single students only): Please complete all the questions based on your preferences. The Office of Student & Residential Life will do its best to match you with individuals who meet these criteria.

Declaration: All applications must be signed and dated.

Once you have completed your application, separate it from this instruction sheet and return it by mail or in person to:

New York Medical College
Office of Student & Residential Life
Administration Building, Room 116
Valhalla, NY 10595

A \$200.00 non-refundable application fee must accompany the application. The check should be made payable to "New York Medical College".

**New York Medical College
Office of Student & Residential Life Application
Applicant Information**

NAME: _____
Last First

PERMANENT ADDRESS: _____
Street City State Country Zip

TELEPHONE NUMBER: _____
Cell Home

EMAIL ADDRESS: _____ **GENDER:** Male Female

BIRTH DATE: _____ **MARITAL STATUS:** Single Married

MISSING STUDENT CONTACT INFORMATION: Please identify an individual to be contacted by NYMC if you are determined to be missing. **CONTACT MUST BE A U.S. RESIDENT.**

NAME: _____
Last First Relationship to Student

CELL PHONE: _____
Business Phone: Email:

ADDRESS: _____
City State Zip

STATUS: Medical School Student:
Program Year: 1 2 3 4

School of Public Health and Graduate Students:
Anticipated Degree: MPH DPT SLP
Anticipated Graduation Date: _____

School of Basic Medical Sciences & Graduate Students:
Anticipated Degree: MS Ph.D Accelerated
Department: _____
Anticipated Graduation Date: _____

Assignment Information

DATE HOUSING REQUIRED: _____

HOUSING OCCUPANCY REQUIRED: Single (Complete Housing Questionnaire)
 Married (Complete section on back)

HOUSING TYPE DESIRED:

(SINGLE STUDENTS)

Grasslands I (Unfurnished)

Grasslands II (Furnished)

2 Bedroom Shared Apt.

3 Bedroom Shared Apt.

4 Bedroom Shared Apt.

(MARRIED COUPLES)

Grasslands I (Unfurnished)

1 Bedroom Apt.

DECLARATION

I hereby submit this application and deposit for New York Medical College Office of Student & Residential Life as outlined in the attached information and instructions. Upon acceptance of a housing assignment, I agree to abide by all housing policies and regulations as outlined in the terms and conditions of the housing agreement.

Signature

Date

Housing Questionnaire (For single students):

Please Note: Preferences cannot be guaranteed.

- I will accept housing only if my housing preference is met.
- I will accept housing whether or not my housing preference is met.

Will you require services to accommodate a disability? Yes

Please explain (physician's documentation must be provided): _____

Will you have a car on campus? Yes No

If Yes: Make: _____ Model: _____ Color: _____ Year _____

1. How would you describe yourself? Morning person Night person
2. How do you plan to use your room/apt?
 Primarily for Studying Primarily for Socializing Equally for studying and socializing
3. What noise level is tolerable when you are studying? None Light Heavy
4. When are your roommates' guests welcome?
 Anytime If you are consulted ahead of time At the last minute, if they are considerate
6. How would you describe your level of cleanliness?
 Neat at all times Organized, but sometimes scattered Messy
7. Please list any personal interests or hobbies: _____

8. Do you have any dietary needs that should be considered? _____

Is there another person or persons with whom you wish to live with?(they must also state this on their application, and applications must be received within 7 days of one and other)

Roommate requests are not guaranteed.

Name(s): _____

We will do our best to accommodate all of your preferences. We would like to know what is more important to you when we assign your apartment:

- Roommate Preference
- Preferred Room Type

Spouse's Information (For married students):

Full Name	Contact Information	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____