

College of Saint Benedict | Saint John's University

International Student Housing Application

The following questions are designed to help us assign you to a compatible living situation. Please be as honest as possible and print clearly when filling out this questionnaire. Note that although we will attempt to fulfill your special requests, we cannot guarantee that they will be met.

Name: Family name First Middle

Home address (Include: Street, PO Box #, City, Country, Postal Code):

Home telephone number with area code: E-mail address

Emergency Contact Family Name First Relationship

Address if different from above (Include: Street, PO Box #, City, Country, Postal Code):

Phone Number (if different): E-mail address

Date of Birth M D Y Age

When will you need housing? August January

Is there a specific person enrolling or is enrolled whom you would like to live with? Yes No

Name:

Do you wish to room with a U.S. student? Yes No

Do you smoke or use tobacco products? Yes No

Do you object to a roommate who smokes or uses tobacco products? Yes No

Do you study late at night? Yes No

How often do you want friends or your roommate's friends in the room?

Seldom Occasionally Frequently

What is your opinion regarding male/female guests being in your room late at night?

I would not mind at all. I would mind somewhat. I would be bothered a great deal.

Which type of housing do you prefer? Please rank accordingly (1-4).

Single room Double room Suite Apartment

Hall preference 1st choice 2nd choice:

Please indicate any special circumstances or requests you have regarding your housing:

(attach separate page if you need more space)

How do you keep your room? Neat Clean Messy

In general, how would you describe your study habits?

I usually start working on assignments early so I have plenty of time to complete them.

I tend to avoid assignments at first and start them just before they are due.

I do my assignments at the last minute.

Do you like to study in your room? Yes No

How do you feel about sharing your belongings (food, clothing, school supplies, computer, etc.)?

I would share everything I would share some things I would not share anything

Please check activities that you are thinking about participating in:

Student government Music International clubs Religious organizations

Service organizations Intramural athletics Theater Varsity athletics

What Varsity Sport? Areas of interest (hobbies, etc.):

What is your major area of study?:

Are you taking any medications for a chronic illness?:

Describe any handicaps/disabilities which need to be considered:

The College of Saint Benedict/Saint John's University is committed to maintaining a humane atmosphere in which the race, color, creed, religion, sexual orientation, marital status, national or ethnic origin, physical or mental handicap, or veteran status of an individual or group, are respected and not disparaged. Allegations of discrimination will be promptly investigated.

Please return this form to: Roger Young, Director of International Admission CSB/SJU, Office of Admission Collegeville, MN 56321-7155 Fax number: 320-363-3206

Office use only Date received: Matric #: Room assignment: