



RESIDENTIAL LIFE HOUSING APPLICATION

Please indicate what semester you are interested in for housing and the year:

Fall (Sept.) _____ Spring (Jan.) _____
YEAR YEAR

Date: _____ College ID Number: _____ Birthdate: _____

Name: _____
FIRST NAME LAST NAME

Address: _____
STREET
CITY STATE ZIP CODE

Home Telephone: _____ Cell Phone: _____

E-Mail Address: _____ Gender: [] Male [] Female

Are you a new student to Mercy College? [] No [] Yes
If no, have you ever lived in Mercy College housing? [] No [] Yes

Office of ACCESSibility Contact: accessibility@mercy.edu • 914-674-7523
Mercy College is committed to achieving equal educational opportunities and full participation for persons with disabilities. Students with disabilities who may need accommodations on campus, including in the classroom and/or residence halls, are encouraged to contact the Office of ACCESSibility to learn about the different reasonable accommodations available and the process for obtaining such accommodations.
If you require special accommodation in the residence halls due to a disability, please complete the registration process with the Office of ACCESSibility for full consideration by the following deadlines:
Fall semester deadline: July 15th
Spring semester deadline: December 15th
Accommodations available include, but are not limited to:
Single room Emotional support animal Elevator access Meal plan exemption
Semi-private restroom Air conditioning Room on 1st floor Service animal*
*Students with service animals living in the dorm rooms are not required to register with the Office of ACCESSibility; however, you may voluntarily register so we may coordinate special living arrangements if needed.
Note that registering for accommodations does not guarantee housing.

I certify that answers given herein are true and complete to the best of my knowledge. I understand that a review of any disciplinary history will be conducted and I may be disqualified from the Residential Life Program based upon the results of such review. I authorize investigation of all statements contained in this application for the Residential Life Program as may be necessary in arriving at a decision. In the event of acceptance to the program, I understand that false or misleading information given in my application or interview may result in discharge.

Signature _____ Date _____

Mercy College requires that students be accepted to Mercy College before their application can be processed. The College retains complete discretion in determining whether a student will be accepted into the Residential Life Program, and all such determinations are final and cannot be appealed.

Completion of this application does not guarantee a student a bed.

PLEASE RETURN TO THE OFFICE OF RESIDENTIAL LIFE
555 Broadway, Hudson Hall Room 110, Dobbs Ferry, NY 10522
Fax: 914-674-7564 Email: ResidentialLife@mercy.edu