Fulton-Montgomery Community College offers housing for students who do not live within a commutable distance (greater than 50 miles from campus). In fact, all first year, full time students who reside outside of the a commutable distance form FM are required to live at Campus View Student Housing and participate in the meal plan for their first full academic year. Based on the information you provided on your admission application, you may require housing for the 2011-2012 academic year.

**Housing applications should not be mailed to the College**, rather the student should bring their completed housing application with them when they arrive on campus for their placement test and class registration. Students must be accepted to the College before they can reserve housing.

**New students to FM should follow these 3 simple steps:**

1. **Placement Testing**
   All new accepted students are required to take a placement test before they can enroll in classes. Students are required to come to our campus to be tested. We accommodate out-of-town students on **Wednesdays and Thursdays at 11:30am**. Students who would like to tour the campus, should arrive by 10:00 am in the Admissions office.

2. **Schedule Your Placement Test Today**
   Contact the Student Development Center at 518-762-4651 ext. 4700. Please be sure to ask for an out-of-town test date. Appointments are required.

3. **On Scheduled Test Day**
   Please arrive at least 30 minutes prior to the test. *(Traveling from NYC Metro area? Allow at least 3 ½ hrs.)* You will need to bring the following:
   - ✔ Photo ID
   - ✔ Completed housing application (attached)
   - ✔ $340 (cash, Money order, Bank check or credit card). See attached application for details.

4. **Meet with an Academic Advisor and Register for Classes**
   After completing your test, you will meet with an Academic Advisor to schedule classes.

We recommend testing and registering well in advance to the start of the semester as housing is limited. If you have any questions, contact the Admissions office at 518-736-5300. We look forward to seeing you on campus!
Campus View Student Housing and Meal Plan Application for 2011-2012

First-year, full-time students who relocate to the region for the purpose of attending College at Fulton-Montgomery Community College are required to live at Campus View Student Housing on a space-available basis and participate in the meal plan for their first full academic year.

First year students must reserve housing prior to taking their placement testing and/or class registration by submitting a complete housing application and paying a $40 tuition deposit, $50 housing application fee and a $250 security deposit to the Bursar’s office (Total $340).

Returning students reserve housing by submitting a complete housing application along with a $50 housing application fee and $250 security deposit to the Bursar’s office. (Total $300).

The housing fee of $300 ($50 housing fee $250 security deposit) is non-refundable. In the event the College is unable to provide housing at Campus View Student Housing due to reaching capacity, students will be notified by July 8, 2011 and given the option of being placed on a wait list or have the housing fee of $300 refunded. Applications received after July 8, 2011 will be considered on a space-available basis and notification may be delayed.

Housing applications should not be mailed in advance of testing/registration. If circumstances arise that require other arrangements please contact the Admissions office for assistance. We cannot guarantee specific building, floor, or apartment requests. Housing at FM is available to traditional-age college students. Applicants younger than 18 or older than 22 years of age will be reviewed on a case-by-case basis.

STUDENT INFORMATION (Please fill out completely)

Please check one: ______New Student $340 or ______Returning Student $300

Name__________________________________________________________

Last                     First                      Middle

Social Security Number _____--_____--_______ (Not applicable for International students)

Address________________________________________________________________________________

Street Address

_____________________________________________________________________________________

City __________________________ State/Prov. / Country / Zip Code / Postal Code

Phone_________________________ E-mail____________________________________________________

Date of Birth______________________________ ( ) Male ( ) Female

Month / Day / Year
Housing Cost: $2,995.00 semester / $5,990.00 year.

Select your Meal Plan:

**Meal Plan Options and Costs for 2011-2012**

Name: ________________________________________________

Below are the Chartwells Meal Plan rates for the 2011-2012 year. Each meal plan has a daily dollar limit which will automatically be reset at the end of each day following the close of the dinner meal. In addition the student can now enjoy all of our menu items as well as the opportunity to use the Books & Bytes Café.

**Please indicate your meal plan selection for Fall 2011 semester by placing an “X” in the space provided.**

**Meal Plan #1 - $1310*  ____**

This meal plan consists of the student’s option to purchase food, beverages and snacks at either the Cafeteria or the Books and Bytes café’. This meal plan option has a daily limit of $16.00 per day. The student has the option to purchase food and beverage items throughout the day based on the price established for each individual item. After the student has exhausted the daily limit of $16.00, the students account will automatically reset the following day with a balance of $16.00.

**Meal Plan #2 - $1435*  ____**

This meal plan consists of the student’s option to purchase food, beverages and snacks at either the Cafeteria or the Books and Bytes café’. This meal plan option has a daily limit of $17.00 per day. The student has the option to purchase food and beverage items throughout the day based on the price established for each individual item. After the student has exhausted the daily limit of $17.00, the students account will automatically reset the following day with a balance of $17.00.

**Meal Plan #3 - $1545*  ____**

This meal plan consists of the student’s option to purchase food, beverages and snacks at either the Cafeteria or the Books and Bytes café’. This meal plan option has a daily limit of $18.00 per day. The student has the option to purchase food and beverage items throughout the day based on the price established for each individual item. After the student has exhausted the daily limit of $18.00, the students account will automatically reset the following day with a balance of $18.00.

*Should students exceed the daily limits set forth above, they will be charged at a retail rate accordingly. These meal plans prices reflect the cost per semester.
Total Cost for Housing/Meal Plan per semester:

$4,305.00 (Option 1) Or $4,430.00 (Option 2) Or $4,540.00 (Option 3).

Payment due by August 12, 2011.

Please indicate how housing and meal plan will be paid: □ Private Pay* □ Financial Aid**

*Wire Transfer and a payment plan are also available. Contact Kathleen Smith at the Bursar’s Office ksmith@fmcc.suny.edu or 518-762-4651 ext. 8600 for more information.

New students $340 / Returning students $300 to reserve housing. These charges cannot be deferred against financial aid. Please select your payment method:

□ Bank Check or Money Order

□ Credit Card:

Select the type: MasterCard, Visa or Discover

Card #_________________________________________ Expiration Date_______

Card Holder Name____________________________________

Please complete the rental payment authorization below if you selected Financial Aid** as your payment method. Your Free Application for Federal Student Aid (FAFSA) should be on file at the Financial Aid Office at this time. If you have not submitted your FAFSA, you should do so immediately. The Financial Aid office would be happy to assist you with this process.

FULTON-MONTGOMERY COMMUNITY COLLEGE RENTAL PAYMENT AUTHORIZATION

Students with verifiable financial aid awards from grants, loans and scholarships that are greater than the cost of tuition, fees, and books may elect to have excess funds disbursed directly to cover housing and meal plan charges. Under this authorization form Fulton-Montgomery Community College is acting only as a disbursing agent for the student. The student is personally responsible for payment of all housing costs and meal plan charges.
Fulton-Montgomery Community College is not liable for any balance caused by reductions in a student’s financial aid awards.

I request and authorize the Fulton-Montgomery Community College Bursar to pay my housing and meal plan charges using excess financial aid proceeds.

Student Signature ___________________________ Date __________________________

Permanent Address _________________________________________________________

Fulton-Montgomery Community College is an equal opportunity, affirmative action institution. Programs and services at FM are open to all without regard to age, sex, race, color, national origin, disability, marital status or sexual orientation.

Applicant’s Signature________________________________ Date: _______
(Required)

Parent/Guardian Signature________________________________ Date: _______
(Required)

Residential 2011-2012 Placement Questionnaire

Please answer the following questions accurately so we can place you with roommates you have something in common with. We cannot guarantee to meet all of your preferences but we will do our best.

Name__________________________________________________________

Last First Middle

Preferred Name: (Nickname)_____________________________________

Address_______________________________________________________

Street Address_________________________________________________

City State/Prov. Zip Code/Postal Code Country

Phone________________________________ E-mail________________________
Date of Birth________________________________ ( ) Male       ( ) Female
(Month/Day/Year)

Do you smoke? ( ) Yes ( ) No  (Please note: Smoking is NOT permitted inside the resident halls or any campus building.)

Use the scale provided below (Circle the number that best describes you):

- My studies/academics are very important to me…………………… agree= 1 2 3 4 5 = disagree
- It is important to me to have a neat and clean room………………….. agree= 1 2 3 4 5 = disagree
- Sports and fitness activities are important to me…………………… agree= 1 2 3 4 5 = disagree
- I can basically get along with anyone………………………………… agree= 1 2 3 4 5 = disagree
- I consider myself outgoing and extroverted around others………… agree= 1 2 3 4 5 = disagree
- I would like my roommate to be outgoing and extroverted……….. agree= 1 2 3 4 5 = disagree

I consider myself to be a: ( ) Morning person  ( ) Late night person (past midnight) ( ) No preference

What time do you prefer to go to bed?__________________

What is your intended academic major?______________________________________________________

Do you want to live with someone of the same or similar major?  ( ) Yes  ( ) No  ( ) No Preference

In what environment do you prefer to study?

<table>
<thead>
<tr>
<th>Location:</th>
<th>Room________</th>
<th>Noise:</th>
<th>Silence ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library________</td>
<td>Stereo on ______</td>
<td>TV on ______</td>
<td></td>
</tr>
<tr>
<td>Lounge_______</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you intend to participate in Intercollegiate Athletics? ( ) Yes ( ) No

If so, which team/teams?__________________________________________________________

Do you want to live with another student from that team? ( ) Yes ( ) No  ( ) No Preference

Do you prefer not to be assigned with another athlete from that team? ( ) Yes ( ) No ( ) No Preference

Special Interest: (Check if interested) _______ Quiet Room _______ International Roommate

What type of music do you enjoy?__________________________________________________________

What are your hobbies and interests?_________________________________________________________________

What else could you tell us to help match you with a compatible roommate?__________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Name of specific roommate choice (If applicable)________________________________________________
(Must be mutual- your name must appear on roommate’s application).

Additional Comments or information you would like to share:
Fulton-Montgomery Community College is an equal opportunity, affirmative action institution. Programs and services at FMCC are open to all without regard to age, sex, race, color national origin, disability, marital status or sexual orientation.

Applicant’s Signature______________________________________________ Date__________________

PARENT/GUARDIAN INFORMATION (Required)

Parent/Guardian Name: ___________________________________

Relation to Student: ________________________________________

Home Address: __________________________________________________________________________

Phone number: Day_________________ Evening__________________ Cell___________________

Email Address: _________________________________________________________________________

CONFIDENTIAL HEALTH ASSESSMENT

Name _____________________________________________ Date __________________________

Home Mailing Address: ________________________________________________________________

Mailing Address in your country (International Students): ________________________________
**Health Insurance**

Do you have a current policy?  _Yes _No  
Company Name ______________________________

Contact Information in the U.S.: Phone Number (U.S.) ______________________________

________________________________        ________________________       ____________________

Insured’s Name if other than student                                      Policy Number /Group#     Expiration Date

Do you have or have you had:

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<tr>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Allergies/Asthma</td>
<td>Hearing Problems</td>
<td>Orthopedic Limitations</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>Heart Disease</td>
<td>Psychiatric Disorder</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>High Blood Pressure</td>
<td>Respiratory/Lung Disorder</td>
<td></td>
</tr>
<tr>
<td>Drug/Alcohol Use</td>
<td>Kidney Disease</td>
<td>Seizure Disorder/Epilepsy</td>
<td></td>
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<tr>
<td>Eating Disorder</td>
<td>Learning Disability</td>
<td>Speech Problems</td>
<td></td>
</tr>
<tr>
<td>Head Injury</td>
<td>Mental Retardation</td>
<td>Stroke</td>
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If you answered YES to any of the above, please provide information, dates and treatment.

________________________________

________________________________

________________________________

Do you use any of the following:

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<tr>
<td>Wheelchair</td>
<td>Cane/Walker</td>
<td>Attendant</td>
<td></td>
</tr>
<tr>
<td>Hearing Aid</td>
<td>TTY</td>
<td>Interpreter</td>
<td></td>
</tr>
</tbody>
</table>

Other: ________________________________________________________________

Do you have any other physical or mental condition that might affect your ability to do well in college?

____________________________________________________________________

____________________________________________________________________
Are you currently taking medication? If so, state name and dosage.

________________________________

Tell us about any allergies to medication. If so, do you wear medical alert necklace or bracelet to notify healthcare professionals?

_____________________________________________________________________________________

### Emergency Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>____________________________________________</th>
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</thead>
<tbody>
<tr>
<td>Relationship to you</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Address</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Home Phone Number</td>
<td>____________________________</td>
</tr>
<tr>
<td>Home Fax Number</td>
<td>____________________________</td>
</tr>
<tr>
<td>Home E-mail Address</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Work Phone Number</td>
<td>____________________________</td>
</tr>
<tr>
<td>Work Fax Number</td>
<td>____________________________</td>
</tr>
<tr>
<td>Work E-mail Address</td>
<td>____________________________________________</td>
</tr>
</tbody>
</table>

Does this person speak English? YES NO If not, is there someone that can translate? Please provide contact information:

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Review this Checklist before bringing in your application.

- Complete **Residential Housing and Meal Plan application**.
- Indicate which meal plan you want.
- Indicate how you will make payment.
- Complete **Rental Payment Authorization** for Financial Aid payment option.
- Complete the **Residential Placement Questionnaire and Medical Emergency Form**.

Any questions contact the Admission’s Office at 518-736-5300 or email us at geninfo@fmcc.suny.edu
We are happy to assist you!

If you have particular disability-related needs for housing, contact the Coordinator of Accessibility at (518) 762-4651 Ext. 7-4760, to discuss reasonable accommodations. Accommodations might include assignment to a particular building or suite or availability of specialized equipment. Appropriate documentation of disability will be required.

FOR OFFICE USE ONLY   File#: ______________