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 for international students should be sent immediately to reserve a bed. Please fax or scan and email the completed housing application to the International Student Office.

FAX 1(518) 763 7835 or intl@fmcc.suny.edu Include payment with the application. Mail the application only if you must mail payment but please know that this will delay housing placement availability.

International Student Office
Fulton-Montgomery Community College
State University of New York
2805 State Highway 67
Johnstown NY 12095 USA

The non-refundable $340 total fee is expected with the Housing application. This is returned to a student ONLY if the visa application was rejected by the U.S. government and only if the College is notified by June 30, 2011.
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).

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. 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).
*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.

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New students $340 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________________________________________

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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)

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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 the 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?

Location: Room________ Noise: Silence ________

Library________ Stereo on ________

Lounge_______ TV on ________

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:
                                                                                               ______________________________________________________
                                                                                               ______________________________________________________
                                                                                               ______________________________________________________
                                                                                               ______________________________________________________

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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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If you answered YES to any of the above, please provide information, dates and treatment.

_____________________________________________________________________________________

_____________________________________________________________________________________

Do you use any of the following:

___ Wheelchair  ___ Cane/Walker  ___ Attendant
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**

Name _______________________________________________________

Relationship to you _______________________________________________________

Address _______________________________________________________

Home Phone Number _______________________________Home Fax Number _______________________________

Home E-mail Address _______________________________________________________

Work Phone Number _______________________________ Work Fax Number _______________________________

Work E-mail Address _______________________________________________________

Does this person speak English? YES NO  If not, is there someone that can translate? Please provide contact information:
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 the Residential Placement Questionnaire and Medical Emergency Form.

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#: ______________

Housing Deposit Received: __________
Bank Check#: ______________
or Money Order#: _____________