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 from 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.

Students must 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. 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.

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, must 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 may meet with an Academic Advisor to schedule classes.
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

Below are the Chartwells Meal Plan rates for the 2011-2012 year. Each meal plan has a daily dollar limit. The student has the option to purchase food and beverage items throughout the day based on the price established for each individual item. The daily dollar limit will automatically be reset at the end of each day following the close of the dinner meal. Should students exceed the daily dollar limit, they will be charged at a retail rate accordingly.

Please indicate your meal plan selection by marking an X in the appropriate box.

- Meal Plan #1 - $1,310 semester / $2,620 year  Daily limit of $16.00* per day.
- Meal Plan #2 - $1,435 semester/ $2,870 year  Daily limit of $17.00* per day.
- Meal Plan #3 - $1,545 semester/ $3,090 year  Daily limit of $18.00* per day.

*Should students exceed the daily limits set forth above, they will be charged at a retail rate accordingly.

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?

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:

<table>
<thead>
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<th>YES</th>
<th>NO</th>
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- Allergies/Asthma
- Cancer
- Diabetes
- Drug/Alcohol Use
- Eating Disorder
- Head Injury
- Hearing Problems
- Heart Disease
- High Blood Pressure
- Kidney Disease
- Learning Disability
- Mental Retardation
- Orthopedic Limitations
- Psychiatric Disorder
- Respiratory/Lung Disorder
- Seizure Disorder/Epilepsy
- Speech Problems
- Stroke
- Vision Problems

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
- Hearing Aid
- TTY
- Interpreter

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**

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 **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.

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**FOR OFFICE USE ONLY**

Initial:__________ Date Received: ______________ Housing Deposit Received: _________

___ Debit/Credit  Bank Check#: ______________ or  Money Order#: ____________ Waitlisted: _________