Jamestown Community College
Housing Application & License

Office of Residence Life residencelife@mail.sunyjcc.edu 716.338.1188

Please fill out the application completely. Please print.
Return with your $200 non-refundable deposit to
(check payable to Jamestown Community College or call with credit card information)

Business Office
Jamestown Community College
PO Box 20, 525 Falconer Street
Jamestown, NY 14702-0020
716.338.1003

Attach proof of health insurance coverage and immunizations required by JCC health services.

I am requesting a single room: ❒Yes ❒No **Class year:** ❒Freshman ❒Sophomore
(Single room is one bed per room)

_____
Print requested suitemates' names

Please specify semester/year:

Fall _____

Spring _____

I am requesting a double room, and have a specific roommate request: ❒Yes ❒No
(Double room is two beds in one room)

_____
Print requested roommate's name

NOTE: Roommate/suitemate requests can be honored only when both parties make the request and the space is available. All requests should be received by June 1.

Student's Name: _____ **Student's J-Number:** _____

Permanent Address: _____
Street **City** **State** **Zip**

Date of Birth: _____ **Gender:** _____ **Email:** _____

Home Phone #: _____ **Cell Phone #:** _____

Housing Questions

Please note: All residence halls are non-smoking, alcohol and drug free.

Do you prefer a roommate who is: ❒very studious ❒moderately studious ❒don't care

Do you normally go to bed before or after midnight? ❒before ❒after

Do you belong to a varsity athletic team? ❒yes ❒no

Do you have an interest in a specific club/organization, i.e. ski club, computer science, etc.? ❒yes ❒no

Please list interest(s): _____

License Agreement

Please note: once signed and submitted, the housing license is for the entire academic year. The deposit is non-refundable unless written request is made by July 1 prior to the beginning of the fall semester.

I hereby agree to pay the housing rates as they have been announced or as they may be adjusted, and I agree to abide by the terms and conditions enclosed with the application and the on-campus living policies of FSA.
I understand that this license is binding for both the fall and spring semesters.

_____ _____
Signature (in ink) Date

(If under 18 years of age, parent/guardian and student signatures are necessary.)