



Gogebic Community College
Campus Suites Application
2018-2019

Complete and return this form with a \$25 non-refundable application fee to:
Office of Student Housing
Gogebic Community College
E4946 Jackson Road
Ironwood, MI 49938

Answer the following questions carefully since they will provide important information that will aid us in determining your room assignment. Although first choices and preferences are not guaranteed, a great effort will be made to provide an environment closely related to your needs.

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED

Name: (Last) (First) (Middle)

Permanent Address: (Street)

(City) (State) (Zip)

Phone: () - Email:

Sex: Program of Study: Date of Birth: Age:

Semester you are interested in student housing? Spring/Jan 2018 Fall/August 2018 Spring/Jan. 2019

Have you ever been convicted of an Assaultive Crime, Drug Crime, or Felony and/or do you have Pending Criminal Charges For and Assaultive Crime, Drug Crime, or Felony?

Emergency Contact Information:

Name: Phone: () - Relationship:

In the event of an emergency, I hereby give permission to Gogebic Community College and its representatives to share information, both written and verbal, with the above mentioned party regarding my condition and location.

Missing Person Contact Information (If different than Emergency Contact Information):

Name: Phone: () - Relationship:

“Missing” is defined as when a person has not been seen or made any contact with another person and the person’s location is unknown and unexplainable for a period of time that is regarded by knowledgeable parties as highly unusual or suspicious concerning the person’s usual pattern of behavior, plan, or routines. Gogebic Community College defines the time as 24 hours or more. In the event I should go missing I give Gogebic Community College permission to notify the above mentioned party.

Room occupancy preference: Double \$1900 Per Semester *Single \$2400 Per Semester
*Single rooms available only if occupancy demand allows.

Please include any Pre-existing Medical Condition(s) (Asthma, ETC information that will help us meet your housing needs.

(Special needs accommodations must be requested by July 1)

I understand that acceptance of this application does not constitute a guarantee of housing, nor is it to be interpreted as academic admission to the college. A separate Application for Admission to the college must be received by the Admissions Office.

Signature of Applicant

Date

Gogebic Community College complies with all applicable laws regarding affirmative action and equal opportunity. The college does not discriminate on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or political affiliation or belief.

ROOMMATE COMPATIBILITY

Name: _____ Phone: (_____) _____ - _____

Email: _____

If you have preference for roommates, indicate roommate name(s) _____

Release my contact information to*: ____Roommate _____Suitemate *This is used for residents to communicate before moving in the Campus Suites. For instance, who is bringing a television, microwave, etc.

*Please indicate which contact information you would like released: ____email ____phone

Approximately what time do you go to sleep on weeknights? _____ Weekends? _____

Music Preferences: _____ Hobbies/Interests: _____

At what volume do you typically listen to music? Quiet 1 2 3 4 5 6 7 8 9 10 Loud

How often do you like to socialize? Some 1 2 3 4 5 6 7 8 9 10 Always

How neat do you like to keep your room? Messy 1 2 3 4 5 6 7 8 9 10 Neat

Would you prefer your roommate to have the same academic interests? Yes Doesn't Matter No

I like to go out with friends at night: Weeknights and Weekends Week-ends Only Hardly ever or Never

I prefer to study: Outside my room (i.e. library) Quietly in my room With music, TV, etc. in my room

College Policy

Campus Suites is alcohol/drug free, regardless of resident(s) or guest(s) age.

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