



Canisius College Graduate Housing Application

OFFICE USE ONLY

Deposit Date: _____

Initials: _____

Housing Assignment: _____

Personal Information

Last Name First Name Middle Initial

Canisius ID# | Month | Day | Year | Male | Female | Social Security Number

Permanent Home Mailing Address City State/Country Zip/Postal Code

() ()
Home Phone Number Cell Phone Number E-mail Address

Graduate Program

I wish to enter the Residence Halls in: | Fall | Spring | Summer | Year: _____

Building and Room Preference

| **Desmond Hall** | **Griffin Hall**

Name of Preferred Roommate: _____

Lifestyle Preferences (check all that apply)

| **Sleep Habits:** Morning Person Evening Person Flexible | **Neatness:** Very Neat Person Unorganized Person Flexible

| **Quiet:** Quiet Person Moderate Person Loud Person Flexible Person | **Smoking:** Smoker Non-Smoker Could Live with a Smoker

Emergency Contact Information

Medical – Do you have any chronic illness or physical disability? | Yes | No

If yes, please attach a physician's statement. A copy will be forwarded to the Student Health Office.

In case of emergency, please contact:

Name Relationship E-mail Address

() () ()
Home Phone Number Work Phone Number Cell Phone Number

Home Mailing Address City State Zip

I understand that acceptance of this application is not to be construed as academic admission to Canisius College. I certify that the information given is complete and accurate to the best of my knowledge.

Signature Date

Please return this form to the Office of Residence Life. For descriptions and virtual tours of campus housing, please visit us at www.canisius.edu/reslife.