



Canisius College
Transfer Housing Application

OFFICE USE ONLY

Initial: _____
Housing Assignment: _____

Personal Information

Last Name First Name Middle Initial

Canisius ID Date of Birth (MM/DD/YYYY) Gender

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

(_____) _____
Home Phone Number Cell Phone Number E-Mail Address Expected Graduation Date

Intended major: _____

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

Do you require special housing due to health or physical disability? | Yes | No

Building and Room Preference (Please note: Housing is assigned on a first come, first serve basis)

Delavan Townhouses Dugan Hall (Sophomore Hall) Village Townhouses

Name(s) of Preferred Roommate(s):
_____, _____, _____

Lifestyle Preferences (Check all that apply if looking to be placed with a roommate)

Sleep Habits: Morning Person Evening Person Flexible **Neatness:** Very Neat Person Unorganized Person Flexible
Quiet: Quiet Person Moderate Person Loud Person Flexible **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 Mailing Address City State/Country Zip/Postal Code

(_____) _____
Home Phone Number Cell Phone Number E-Mail Address

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 Student Life 2001 Main Street Buffalo, NY 14208*. Any student who withdraws from housing after May 31, 2017 will be assessed a \$500 fee to their Student Account. Contact Caitlin Daley daleyc@canisius.edu or 716-888-8300 with any questions.