



SIMMONS COLLEGE OFFICE OF RESIDENCE LIFE
 300 The Fenway
 Boston, MA 02115-5895
 (617) 521-1096
reslife@simmons.edu

For Office Use Only

Hall _____
 Room _____
 ID# _____
 Ext _____
 MSC# _____

Please submit this form when sending in your \$250 deposit to reserve your space for housing. When the Housing License Agreement is complete and the online application is available, you will be emailed at the email below to submit an official housing application.

Questions? Please contact the Office of Residence Life at x1096 or reslife@simmons.edu

GENERAL HOUSING DEPOSIT FORM

Term(s) of housing: _____

 LAST NAME FIRST NAME MI

 HOME PHONE NUMBER (for current contact) CELL PHONE NUMBER

 E-MAIL ADDRESS

ACADEMIC STATUS FOR THE ACADEMIC YEAR OF APPLICATION:

Program of Study: _____

Class Status:

- Undergraduate
- Graduate
- Dix Scholar
- Non-Degree Seeking

Enrollment Status:

- Full-time
- Part-time

Gender: _____

Current Status:

- Incoming First Time Graduate/Dix Scholar
- Incoming Transfer Student
- Current Commuter Student
- Current Resident (on campus)
- Returning student (LOA, internship, study abroad, etc.)