



SUNY DOWNSTATE Medical Center

Office of Residential Life and Services

(718) 270-1466

(718) 270-1467 (fax)

RESIDENCE HALLS SUMMER REGISTRATION FORM

I. BIOGRAPHICAL DATA

Name: (Last) _____ (First) _____ (MI) _____

Social Security #: _____ - _____ - _____

Sex: ___M ___F Smoker: ___Y ___N Kosher: ___Y ___N

Building: ___ 811 New York Ave. ___ 825 New York Ave. Room/Apt.: _____

II. PROGRAM/YEAR:

Please indicate your class and year. For example, if you are in the Physicians Assistant program and you are graduating in 2010, you would write:

Program: PA Class of: 10

If you are a medical student and you are graduating in 2012, you would write:

Program: COM Class of: 12

PROGRAM: _____ CLASS OF: _____

III. OCCUPANCY DATES

Please indicate the dates for which you will require on-campus housing over the summer. Note: If you plan to check out of the residence halls and then check back in at any time during the summer, please indicate both periods.

A. ___ I WILL NOT REQUIRE HOUSING FOR THE 2005 SUMMER. I WILL CHECK-OUT ON
____/____/____

B. ___ PARTIAL SUMMER

Period-1

Period-2

Check-in Date: ____/____/____

Check-in Date: ____/____/____

Check-out Date: ____/____/____

Check-out Date: ____/____/____

C. ___ ENTIRE SUMMER

D. ___ I am not returning to the residence halls for the fall.

NOTE: Students not residing in the Residence Halls for the Fall semester must vacate their room NO LATER THAN August 1ST.