

Housing Application

811 New York Avenue
Brooklyn, New York 11203

(718) 270-1466 (Phone)
(718) 270-1467 (Fax)

Student ID #: _____ **AMCAS # (COM Students):** _____
Name: (Last) _____ (First) _____ (M.I.) _____
Sex: ___M___F **Smoker:** ___Y*___N

(*smoking is not permitted in the residence halls) **Specifics:** _____

Academic Program:

College of Medicine			
<input type="checkbox"/> Med 1	<input type="checkbox"/> Med 2	<input type="checkbox"/> Med 3	<input type="checkbox"/> Med 4
Master of Public Health			
<input type="checkbox"/> MPH June	<input type="checkbox"/> MPH/MD June	<input type="checkbox"/> MPH Sept	<input type="checkbox"/> MPH January
College of Health Related Professionals and College of Nursing			
<input type="checkbox"/> DMI-Jr.	<input type="checkbox"/> PA-Jf	<input type="checkbox"/> PA-Sr	<input type="checkbox"/> DMI-Sr
<input type="checkbox"/> PT-BS/MS NMW	<input type="checkbox"/> Medical Informatics	<input type="checkbox"/> Nrs-Anesthesia	<input type="checkbox"/> Nrs.-Undergraduate
<input type="checkbox"/> OT-MS Nrs. Grad	<input type="checkbox"/> Accelerated Nursing	<input type="checkbox"/> Other :	

Mailing address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

ASSIGNMENT PREFERENCE: (Contingent on availability requests not guaranteed)

Studio: ___ Double ___ Single **Two-Bedroom Apartment:** ___ 1 Bedroom in the apartment

Roommate Request: _____

****Please note that a \$500.00 deposit is required in order to process your housing application. Deposits are refundable by written request 60 calendar days prior to contract period.****



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

Join our community!



The campus residence halls are here for you.

Residential Life & Services
811 New York Avenue
Brooklyn, NY 11203
Tel - 718-270-1466

Email - ResidentialLife@Downstate.edu
http://sls.downstate.edu/residential_life/