

**SOUTHERN NEW HAMPSHIRE UNIVERSITY
WELLNESS HOUSING PROGRAM
NEW RESIDENT APPLICATION**

(For students new to the institution or to the wellness housing floor)

Please type or print clearly when completing the information below. If you need additional space, please feel free to add comments on a separate sheet of paper.

NAME (Last) _____ (First) _____ (M.I.) _____

MAILING ADDRESS *(include street, city, state, zip)* _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

SOCIAL SECURITY # _____

GENDER (CHECK ONE)
<input type="checkbox"/> Male
<input type="checkbox"/> Female

CLASS STATUS 2011-12 School Year (CHECK ONE)	
<input type="checkbox"/> Freshman	<input type="checkbox"/> Senior
<input type="checkbox"/> Sophomore	<input type="checkbox"/> Graduate
<input type="checkbox"/> Junior	<input type="checkbox"/> ESL

1. Describe in your own words what the wellness housing program is about and how it differs from a traditional residence area.

2. Why are you applying to wellness housing?

3. What do you see as the advantages and disadvantages to living in wellness housing as opposed to a traditional housing option?

Advantages:

Disadvantages:

4. What types of activities were you involved with in high school or at a previous college or university?

5. If selected, in what ways do you see yourself getting involved in the wellness housing community? Are there things you like to do that you would like to involve other residents in or teach them about? Explain

6. How did you find out about Southern New Hampshire University's Wellness Housing option (e.g. brochure, mailing, SNHU web page, tour guide, Admissions representative, student at SNHU)?

7. Who was involved in making this decision to apply to the wellness housing area? (✓ all that apply)

_____ Self

_____ Parent(s)

_____ Friend(s)

_____ Partner/Significant Other _____ Other _____

RESIDENT AGREEMENT

TO INSURE THE SUCCESS OF THE WELLNESS HOUSING PROGRAM AT SOUTHERN NEW HAMPSHIRE UNIVERSITY, EVERY RESIDENT MUST BE COMMITTED TO THE FOLLOWING REQUIREMENTS AND EXPECTATIONS. PLEASE TAKE A FEW MINUTES TO REVIEW THIS INFORMATION.

PROGRAM GOAL

TO SUSTAIN A HOUSING OPTION FOR STUDENTS WHO DESIRE A SUBSTANCE-FREE RESIDENCE AREA AND WHO ARE INTERESTED IN MAINTAINING A LIFESTYLE THAT SUPPORTS ACADEMIC SUCCESS, PERSONAL DEVELOPMENT AND WELL-BEING, AND POSITIVE LIFE CHOICES.

PROGRAM REQUIREMENTS

As a student living in Wellness Housing:

1. You and your guest(s) may not use alcohol or other drugs in a high-risk way on any part of SNHU property or as part of any SNHU sponsored event. High-risk use is defined as (1) the underage use of alcohol, (2) the consumption of alcohol to the point of intoxication, or (3) the use of any illegal drug.
2. You and your guest(s), regardless of age, may not bring alcohol or other drugs onto the floor.
3. You and your guest(s) may not return to the living area in an intoxicated or disruptive manner.
4. You and your guest(s) are not permitted to smoke in the Wellness Housing Area. This includes your room, the hallways and the common areas.
5. You are required to abide by all guidelines stated in the SNHU Student Handbook and community standards developed by the residents of this area.
6. You are subject to removal from the Wellness Housing Area for behaviors that violate community standards.

COMMUNITY LIVING STANDARDS

As a student living in Wellness Housing you are expected to:

1. Participate in at least 2 educational/social programs per semester.
2. Assist the Resident Assistant in the planning, development and/or facilitation of floor programs.
3. Respect the rights of all residents to study and to sleep free from undue interference (music, guests, etc.).
4. Respect the personal belongings of your roommate and floormates.

5. Help maintain a clean environment in which to live.
6. Treat all residents and staff with civility and respect.
7. Settle disputes through mature, open dialogue.
8. Seek support and guidance from a staff member (e.g. Resident Assistant, Residence Director, Wellness Center staff) if you or other residents are having difficulty maintaining a substance-free living area.
9. Respect the spirit of this contract by not only following the standards listed but confronting and informing a staff member of any violations of this agreement of which you have knowledge.

I, _____,
(print name)

have read the above information and agree to live by these requirements and expectations. I understand that in violating this contract I am being disrespectful to my peers and appropriate measures will be taken. This form must be returned to Residence Life before a room assignment can be made.

Signature _____ Date _____

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Please return this completed application to:

**Paula Shapazian
Southern New Hampshire University
Office of Residence Life
2500 North River Rd
Manchester, NH 03106-1045.**