

International Student Request for On Campus Housing

Fall 2008

Residence Hall License/State University of New York at New Paltz

Name: _____
Last Name First Name

Date of Birth: _____ / _____ / _____ Student ID #: _____
Month Day Year

Gender: Male Female

Room Preference: Corridor Suite Contract Study **X 10 Month Hall**

Program at New Paltz: English Language Program Undergraduate Graduate Exchange

Roommate Preference: _____
Last Name First Name

Would you like to share a room with an American Student in the CARE Program? _____

Do you object to a roommate who smokes? _____ Do you smoke? _____

Please note, if you sign this Residence Hall License a room will be reserved for you and you will be required to live in this room for the entire academic year. If you will only study at New Paltz for one semester, you must stay in this room for the full semester. Any request for a change must be made in writing to the Director of Residence Life. Please carefully consider your decision before submitting the Residence Hall License.

In consideration of an assignment in a residence hall, I agree to pay SUNY New Paltz the posted room and board charges and I agree to the terms and conditions of occupancy specified in the Housing Handbook, individual Living Unit Rules, College Regulations, Policies of the Board of Trustees, all of which are incorporated herein by specific reference and made part of this agreement.

(These documents are provided during new student orientation. If you would like to request a printed copy in advance of your arrival on campus, please contact the Center for International Programs.)

Student Signature: _____ Date: _____

Home Address: _____

Telephone Number: _____ Email Address: _____

Please fax a copy of this Residence Hall License to the Center for International Programs at (845) 257-3129. You must also MAIL the original to the Center for International Programs with your Application Response Form.

OFFICE USE ONLY

OCCUPANCY _____ HALL _____ ROOM _____ TELEPHONE _____