This form must be fully completed and returned to the office of Student Housing by the date specified. Payment of reservation fee must be paid receipt attached in order for this application to be considered.

TO: ALL CAMPUS STUDENTS
FROM: STUDENT HOUSING SUPERVISOR
DATE: MONDAY, MARCH 5, 2007

Campus residents requesting residence hall accommodation for the Fall/Spring semester must submit a room reservation form with a receipt of the $100.00 deposit.

Room Reservations received after the deadline date will be handled on a space available basis. Please note; Students are limited to eight (8) semesters in the Residence Halls. The office of Student Housing reserves the right to make residence hall or room changes for the benefit of all

RESIDENT NAME: ____________________________ (Please Print)

Last  Middle  First

DATE: ____ / ____ / ____  STUDENT NO: ___  ___  ___-___  ___  ___  ___  ___  ___  ___  ___  ___

CAMPUS ADDRESS: __________________________

Residence Hall  Suite  Room

CAMPUS MAIL BOX: ____  TEL: ____  ____  ____-____  ____  ____-____  ____  ____  ____

REQUEST A ROOM CHANGE:  [ ] YES  [ ] NO

ROOM CHANGE: __________________________

Residence Hall  Suite  Room

ROOMMATE REQUEST: __________________________  MEAL PLAN:  ( A )  ( B )

____________________________________________
Resident Signature

____________________________________________
Student Housing Representative