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:

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)

Office Use Only

RECEIPT NO: ________________________

DATE RECEIVED: _____ / _____ / _____

Room Assignment: ________________________

______________________________________  Resident Signature

______________________________________  Student Housing Representative