



STUDENT HOUSING APPLICATION

CAMPUS: ST. THOMAS
 ST. CROIX

**HOUSING
RESERVATION FEE
\$100.00 CERTIFIED
CHECK OR MONEY
ORDER ONLY**

PRINT OR TYPE

PLEASE COMPLETE AND RETURN THIS FORM IF YOU ARE INTERESTED IN LIVING ON CAMPUS

1. SOCIAL SECURITY NO./STUDENT ID NO.

--	--	--	--	--	--	--	--	--	--

2. APPLICATION FOR
FALL 20_ Spring 20_

3. DATE OF BIRTH

--	--	--

4. LEGAL NAME _____ SEX: M_ F_ 5. HOME TELEPHONE _____

6. PERMANENT ADDRESS _____ 7. EMAIL ADDRESS _____

8. MAILING ADDRESS _____

9. STATE OR COUNTRY _____ 10. BIRTH PLACE _____ 11. U.S. CITIZEN _____

12. PLEASE INDICATE PREFERENCE: IF NO SINGLE ROOMS ARE AVAILABLE, YOU WILL BE ASSIGNED A DOUBLE ROOM.

West Residence Hall DOUBLE: \$2,250
Middle, South, North or East Residence Halls SINGLE: \$1,803 DOUBLE: \$1,387

13. STATUS: NEW ENTRANCE ___ TRANSFER ___ CURRENTLY ENROLLED ___

14. FRESHMAN ___ SOPHOMORE ___ JUNIOR ___ SENIOR ___ NSE (NATIONAL EXCHANGE STUDENT) _____

15. MAJOR: _____

16. CLASSIFICATION: REGULAR (DEGREE) _____ UNCLASSIFIED (NON-DEGREE) _____

17. HAVE YOU PREVIOUSLY SUBMITTED A HOUSING APPLICATION? YES ___ NO ___

18. NAME OF PARENT OR GUARDIAN _____ HOME TELE. _____
(FIRST) (LAST)

ADDRESS OF PARENT OR GUARDIAN _____ WORK TELE. _____
P.O. BOX NUMBER & STREET

CITY/STATE

ZIP CODE

20. MISCELLANEOUS INFORMATION: ARE YOU NOISY? ___ EARLY RISER? ___ LATE RISER? ___ VEGETERIAN? ___
INTERESTED IN SPORTS? ___ MUSIC? ___ PEOPLE? ___ SMOKER? ___ NON-SMOKER? ___ OTHER? _____

A \$100.00 RESERVATION FEE MUST ACCOMPANY THIS APPLICATION. This deposit will serve as the room damage and key deposit which will be refundable upon request at separation from the University. The University reserves the right to make all room assignments to any vacant bed, in any room at any time. Cancellations received 21 days prior to the opening of the halls are entitled to a refund less an administrative charge of \$5.00. No refund of the reservation fee will be made for cancellation after this date. All students will be limited to a maximum of eight semesters of occupancy in the residence hall during their course of study. The University reserves the right to change tuition, fees, and charges at any time. When you have read and understood the following information, please sign in the appropriate place.

I understand that (1) assignments to residence hall or room type will be made in accordance with the availability of space ; (2) receipt of this application does not guarantee Housing; (3) I will be guaranteed housing space ONLY after I have returned my Housing Application and received a room assignment notice from the Office of Student Housing Application and received a room assignment notice from the Office of Student Housing and check into residence hall before the end of the regular registration period; (4) Assignments are considered only after I have been admitted to the University of the Virgin Islands; (5) Admission to the University is valid for one academic year, prospective students must reapply for admission if they fail to attend UVI during that year; (6) New students do not have roommate preference.

All students residing on campus must choose one (1) of the following meal plans per semester. (Circle one)

Plan A (20 Meals per week) \$3,265.00 Plan B (14 meals weekly) \$2,290.00

Signature

Date

Please return completed form and \$100.00 reservation fee, no later than April 1 for Fall Semester and November 1 for Spring Semester .
NSE Contact: St. Thomas: D. Stridiron 340-693-1136/ dstridi@uvi.edu St. Croix: P. Towal 340-692-4187/ptowal@uvi.edu