

Residence Hall Room Selection Form 2008-09

Name: _____

Student ID #: _____

Contact Number: _____

Current Assignment: _____

Complete the following section that applies to your Fall Room Selection. By completing the Fall Assignment portion of this form, you will be bound to the Housing and Dining Agreement and fees for one academic year (fall and spring semesters) unless the agreement is cancelled by the designated dates. Once this form is submitted, any changes need to be completed by the resident in person at the Residence Life Office before May 1, 2008, or in writing thereafter.

Returning:

_____ I plan to return to the residence halls for 2008-09 academic year. I have read and understand the Residence Life Agreement enclosed in my Fall Room Selection Packet and agree to accept and abide by its terms and conditions. I understand that the Residence Life Office reserves the right to assign a resident to a residence unit other than the one originally or previously assigned, and to assign additional residents to a particular residential unit. **I will be in residence the following semester(s):** Fall Spring

Resident Signature

Staff Signature

Date

Not Returning:

_____ I do not plan to return to the residence halls. I understand that to be exempt from the Residential Living Policy I must complete the Off Campus Exception and be granted an exception by the Director of Residence Life prior to General Room Selection. I understand that it is my responsibility to complete the process and if I do not I may be financially responsible for the housing fees..

I will not be returning to the residence halls for the following reason:

Exception Granted Transferring/ Withdrawing

Proxy Information:

I give (print name) _____ permission to act as my proxy for Fall Room Selection. I understand that any decision s/he makes is final. I give up the right to be present during Fall Room Selection.

Student Signature

Date

Office Use Only:

Assignment:

Hall: _____

Room: _____

Staff Member: _____

Date: _____

Entered in Datatel: _____

Staff Member: _____