West Chester University Office of Residence Life and Housing Services

## <u>Weekly Application for</u> <u>North Campus Housing</u> Summer 2016

For Office Use Only Date Received:				
Session	# Weeks Housing	# Weeks Meals	Summer Assignment	Misc.
Intersession				
Session I				
Session II				
Post-Session				
Comments:				

NAME Last	First	Middle Initial		Gender:	Female	Male
WCU ID						
Permanent Address		Street				
City/Town	State	Zip Code	Home Phone			
Current Local Address (on cam	pus)	Street				
City/Town	State	Zip Code	Cell Phone			
PREFERRED EMAIL ADDRE	SS:					
Check one each: A. Although our facilities ar I am a Smoker I I am a Non-Smoker but	am a Non-Smoker	and need/prefer to	live with a non-sr	• •		
B. Graduate Student	Senior	Junior	Sophomore	Freshman		
Please Check the Statement that I have received the meningiti I have read and understand th http://www.wcupa.edu/ services/s I have signed and included the wa Courses you are registered for: Course Name 1. 2.	s vaccine, DATE: le information abou stu.inf/Documents/ iver form.	ut meningitis avail	able at	line the meningitis Dates	vaccine at this tir	ne.
3.						

4.

## PLEASE CHECK ALL OF THE FOLLOWING WEEKS THAT APPLY:

Intersession #1*	Session #1	Session #2	Post Session Intersession #2
week of May 9	week of May 23	week of June 27	
-	-		week of August 1
week of May 16	week of May 30	week of July 4	-
			week of August 8
	week of June 6	week of July 11	
* No classes are			week of August 15
offered during this	week of June 13	week of July 18	
period. No meals are available. Billing is for housing only at \$50 (the rate is the same for either a double or a single) per week.	week of June 20	week of July 25	POST SESSION: Limited class offerings. Students living on campus during this session will be required to move to their fall assignment OR check out of the residence hall on Friday, 8/12/16, time to be determined.

North Campus Air Conditioned Double Bedroom with 14 Meals (**\$118 per week**)

North Campus Air Conditioned Double Bedroom with 19 Meals (**\$128 per week**)

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## Do You Have a Roommate Preference: Yes No

Name of Roommate

WCU ID of Roommate

(We will attempt to honor your roommate request, but due to space limitations, we cannot guarantee this assignment.)

**Which Session(s) will your roommate preference be attending?** (*Check all that apply*)

Intersession #1 S	Session #1	Session #2	Post Session/Intersession #2
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By Submitting This Form, You Are Stating That You Have Read <u>The Summer 2016 Information Brochure</u> And <u>The Summer Student Occupancy Agreement</u> That Are Located On The Residence Life and Housing Services Website, And That You Have Completed Both Pages Of This Application. Upon Completion Of This Form And Proper Payment, You May Check Into The Facility You Requested On The Sunday Of The First Week Chosen Between 2:00 – 6:00 pm. Please Contact the Office of Residence Life and Housing Services at (610) 436-3307 if you Need Other Check-In Arrangements.

Some accommodations are available for students with special needs. Please contact us at (610) 436-3307 for information.