University of Rochester
Summer Housing Application
May 18 – August 8, 2009

PLEASE TYPE OR PRINT IN INK

1. Name: _____, _____ _____
   last first m.i.

2. Student ID: _____ 3. Gender (circle one) **M** **F**

4. Fall 2009 room assignment: _____

5. Current/Spring on-campus room assignment: _____

6. Current mailing address: _____
   Street/P.O. Box/ CPU #

   _____, _____ _____
   City State Zip

7. Permanent Address (if different from above): _____
   Street/P.O. Box

   _____, _____ _____
   City State Zip

8. E.mail address:_____

9. **Required Info**: At what phone number can we reach you: _____

10. In case of emergency notify: _____ Relationship: _____

    Phone: _____-_____-_____ _____ _____, ____ _____
    Street City State Zip

11. Are you: _____ Current UR student _____ Visiting student _____ Other: _____ (explain)

12. Is your housing being paid for by a student program or campus department? If yes, please note which program/department:_____

13. Requested housing dates: _____, 2009 through _____, 2009
    (not before May 18) (not after August 8)

14. Requested roommate(s): _____

15. UR housing is smoke free; however, we try to house those who have like preference together when possible.
    Do you smoke? (circle one) YES NO
    Do you prefer to be housed with (circle one): a smoker a non-smoker doesn't matter

Please return this application form along with your signed
Summer Housing Contract and signed Payment Plan to:
Office for Residential Life
020 Gates Wing, SBA
University of Rochester
Rochester, NY 14627

Office use only:
Date rec'd: _____ Payment rec'd: _____ _____ Staff member: _____
amount type