

Northeastern State University

Housing & Dining Services Contract—2009-2010 Academic Year

This is a legally binding contract for the entire Academic Year or Summer Session

Last Name: _____ First Name: _____ MI: _____
 S. S. # _____ Date of Birth ____/____/____ Age: _____ Gender: Male Female
 Classification: Freshman (0-30 hrs) Sophomore (31-60 hrs) Junior (61-90 hrs) Senior (90+ hrs) Graduate Student
 Parent Name(s): _____ Your Email: _____
 Perm. Address: _____ City: _____ State: _____ Zip: _____
 Perm. Phone (____) _____ - _____ Cell Phone: (____) _____ - _____

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| <u>Resident Status:</u> <input type="checkbox"/> New Resident <input type="checkbox"/> Continuing (Currently live on campus) Hall: _____ Room: _____ | <u>Contract Terms:</u> <input type="checkbox"/> Academic Year 2009-2010 (Fall & Spring Semesters) <input type="checkbox"/> Spring 2010 Only <input type="checkbox"/> May Intersession |
| <u>Roommate Request:</u> Name: _____ Contact Number: (____) _____ - _____ <i>* To aid our process please make sure that your requested roommate also lists you on their contract.</i> | <u>New Resident Roommate Survey:</u> <i>*Please answer each following question yes or no</i> Do you consider yourself an early riser? _____ Are you usually in bed by 10:00 PM? _____ Would others describe you as a partier? _____ Do you usually enjoy listening to music or watching TV when you study? _____ Are you usually neat and organized? _____ Would your room be a social environment where others are welcome to hang out? _____ |
| <u>Room Preference:</u> <input type="checkbox"/> Private (room by yourself) <i>As available</i> <input type="checkbox"/> Semi-Private (share room with roommate) <input type="checkbox"/> ADA Physical Accommodation Needed: _____ (must be registered with office of Student Affairs) Please describe need: _____ | |

Contract Selections

| Circle 1st, 2nd, and 3rd choice | HALL | THEME | DESCRIPTION |
|---------------------------------|-----------------|------------------------|------------------------------------|
| 1 2 3 | North Leoser | FYE; Sorority | Female only, A/C, shared restrooms |
| 1 2 3 | South Leoser | FYE | Co-ed, A/C, shared restrooms |
| 1 2 3 | Ross | Service Learning | Co-ed, A/C, shared restrooms |
| 1 2 3 | Logan | Upperclass, Fraternity | Co-ed, A/C, shared restrooms |
| 1 2 3 | Wyly | Honors; Mixed | Co-ed, A/C, shared restrooms |
| 1 2 3 | Wilson | Internat'l Living | Co-ed, No A/C, shared restrooms |
| 1 2 3 | Seminary Suites | FYE; Upperclass | Co-ed, A/C, Private restrooms |

MEAL PLAN—must select one option; description includes meals per week and Flex Points per semester; Flex Points DO NOT roll over to next semester.

17-meals w/\$200 Flex Points
 15-meals w/\$50 Flex Points
 12-meals w/\$200 Flex Points
 10-meals w/\$350 Flex Points
 8-meals w/\$175 Flex Points
 7-meals w/No Flex Points (Must have 60+ hours)
 Block Plan 150 - 150 meals per semester w/\$75 Flex

- I. I acknowledge that my signature on this Housing and Dining Service Contract constitutes a binding agreement for the entire academic year (both semesters) in accordance with the terms and conditions of housing occupancy and the Housing Policy Handbook. **Canceling this contract after July 1 may result in a Cancellation Fee of up to \$500.00.**
- II. In consideration of an assignment in the University residences, I agree to pay the contracted price for Housing and Dining charges and to abide by the terms and conditions of the housing contract. I understand that preferences cannot be guaranteed and specific assignments are made based on space availability and date of application with deposit.
- III. Each resident is responsible for conducting themselves in a manner acceptable for community living, including adherence to the policies stated within this contract and the policies as stated in the Guide to Hall Living.

Signature _____ Date: _____

Parent Signature (if under age of 18): _____

| | | | |
|--|--|---|-----------------------------------|
| <u>\$75.00 deposit must be submitted at time of application</u> | | | |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check # _____ | <input type="checkbox"/> Money Order | |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Master Card | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover |
| Name of Card Holder: _____ | | Telephone #: _____ | |
| Card # _____ / _____ / _____ | Exp. Date: _____ | Amount \$: _____ | |
| Signature: _____ (I agree to pay the above total amount according to the card issuer agreement.) | | | |

Office Use Only:
 Hall/Suite: _____ Building: _____ Room: _____ SP/P: _____ Ext #: _____