

STUDENT SUMMER 2024 ON-CAMPUS ROOM & BOARD AGREEMENT

Return this completed and signed Agreement to Conferences and Events by **Friday, April 19, 2024**

NAME _____

EMAIL _____ STUDENT ID # _____

PHONE NUMBER _____ CLASS YEAR _____ CURRENT DORM & ROOM NUMBER* _____

Circle housing preference – BRECON or ERDMAN

*Are you currently Study Abroad or away from the College for Spring? YES OR NO (CIRCLE ONE)

*Will you be Study Abroad or away from the College in Fall? YES OR NO (CIRCLE ONE)

REASON FOR STAYING ON CAMPUS _____

CAMPUS EMPLOYER OR SUPERVISOR (Please Print) _____

*if you do NOT have a campus employer or supervisor, you must contact the Dean's Office

Weeks that I would like to live on campus (weeks must be consecutive):

May 19 – May 25	_____	June 30 – July 6	_____
May 26 – June 1	_____	July 7 – July 13	_____
June 2 – June 8	_____	July 14 – July 20	_____
June 9 – June 15	_____	July 21 – July 27	_____
June 16 – June 22	_____	July 28 – August 3**	_____
June 23 – June 29	_____		

**Contact the Conferences and Events office directly if you need to stay beyond August 3, 2024

TOTAL OWED: Number of weeks _____ @ \$120/week = \$ _____

PAYMENT OPTIONS: Please Bill My Student Account _____

Please Bill Me Directly _____

If billing student account, I agree to pay all fees charged at the conclusion of my rental term.

If paying directly, I agree to pay all fees by cash, check, or credit card to Conferences and Events.

IMPORTANT ADDITIONAL INFORMATION

A \$100 fee will be charged for all keys not returned at the end of your stay.

Early arrivals and late departures will be billed at a nightly rate of \$25 (NO FOOD).

Any changes made to arrival and/or departure dates after the agreement is signed will result in a \$50 administrative fee.

If you have accommodation, please provide paperwork from Access Services.

I have read the above information and by my signature acknowledge that I understand and agree to the terms of this agreement. This agreement shall not bind any party until signed by me, the student, the summer employer and the Offices of Conferences and Events. Should circumstances prevent me from fulfilling this commitment, I agree to notify Conferences and Events no less than 14 days in advance of my scheduled arrival.

I also understand that by checking the boxes below, I agree to follow these guidelines:

_____ I understand that campus activities and services will be limited.

_____ I understand that all policies outlined in the Honor Code still apply and that I will be held accountable for any policy violation.

_____ I understand that I may be required to relocate to a different room/dorm.

_____ I understand that I will respond to all College communications about summer housing (including wellness checks) in a timely fashion.

_____ I understand that I will observe all College guidelines for dining on campus.

_____ I understand that if I begin a leave of absence from the College prior to the end of summer housing, I will no longer be able to reside on campus during the remainder of the summer housing period.

STUDENT SIGNATURE _____

CAMPUS EMPLOYER NAME (please print) _____

CAMPUS EMPLOYER'S SIGNATURE * _____

***if you do NOT have a campus employer or supervisor, you must contact the Dean's Office**

DEPARTMENT _____ DATE _____

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Section for Office of Conferences and Events (do not fill out)

Date Application Received _____ Room Assignment _____

Conference and Events Signature _____ Date _____