

CLARK UNIVERSITY
Office of Residential Life and Housing
2009 Summer Housing Application

Name _____ Clark ID # _____ Gender: _____

Email: _____@clarku.edu D.O.B: _____ Phone: _____

Billing Address: _____

SMOKING PREFERENCE: (All University and Summer Housing is smoke-free)

Do you smoke? _____ Yes _____ No

Would you live with a smoker? _____ Yes _____ No _____ No Preference

SUMMER HOUSING DATES: (Please indicate the dates you require Summer Housing)

FROM (Earliest Date is 5/20)

TO (Latest date is 8/7)

Date: _____

Date: _____

OR

OR

I plan to move into summer housing directly from my current on-campus assignment.

I plan to move into my fall on-campus assignment directly from summer housing.

Please note that if you are moving directly from a current on-campus assignment, and/or are moving from Summer Housing into an on-campus housing assignment for the fall semester, you will be able to transition directly to and from your summer assignment. Students moving from summer to fall housing will be required to relocate from their summer assignment to their fall assignment in early August but will continue paying summer rates until opening day. Likewise students moving directly to summer housing will be billed from the date they are required to leave, but will remain in their spring assignments until summer housing opens after commencement.

PURPOSE OF SUMMER HOUSING: (Please indicate your reason for needing Summer Housing)

SUMMER HOUSING PREFERENCE: (Please Circle One)

A. Single Room Preferred

(or double if single room is unavailable)
\$18 per day / \$1700 full summer.

B. Double Room Only

(I am not able to live in a single room)
\$16 per day / \$1500 full summer.

C. Double Room Preferred

(or single if double room is unavailable)

BLACKSTONE HALL RESIDENT REQUESTS:

I am a Fall 2009 Blackstone Hall resident who would like to be assigned to my fall room **if possible**.

I am a current Blackstone Hall resident who would like to remain in my assignment **if possible**.

SPECIAL REQUEST: (Please indicate if you have a special need, apartment preference, student group, etc.)

ROOMMATE REQUEST (Optional): I wish to be assigned a double room with _____.

PLEASE NOTE: Roommate assignments occur only if both students request to live with each other, and only if space allows. Roommates requesting different periods of stay in Summer Housing may not be paired together. All other assignments will be based only on gender and smoking preferences.

Applicant Signature: _____ **Date:** _____