

CARDINAL STRITCH UNIVERSITY ROOM & BOARD CONTRACT

FOR OFFICE USE ONLY

PERSONAL INFORMATION

Deposit _____	Contract _____
Payment _____	
Student ID# _____	

I wish to arrange housing for the:

School Year: 20____ -20____ Fall Semester (only):20____ Spring Semester (only) 20____ Summer Session (only) 20____

Name: _____ **Date of Birth:** ____/____/____
(Last Name) (First) (Middle Initial)

Home Address: Street: _____

City _____ State _____ ZIP _____ Country _____

Home Phone Number (_____) _____ Cell Phone Number (_____) _____

Parent, Spouse, or Guardian: Name _____ **Relationship:** _____

Address _____ Phone Number (_____) _____
(if different from above)

Emergency Contact: _____ (_____) _____
(Name) (Phone Number) (Relationship)

TERMS OF ROOM AND BOARD CONTRACT

The University agrees to provide the above accommodations and meal plan for the current rates (see fee schedule). A \$50 deposit (\$10 deposit for summer session) is to accompany this request which will be credited to your account. All outstanding balances must be paid before this deposit can be accepted; exceptions must be cleared through the Business Office. See General Information Letter From the Business Office for refund dates of the Room Deposit.

All residents are required to contract for a 5 day or 7 day meal plan. The type of meal plan may be changed only at the beginning of the semester. If you do not indicate your meal plan preference, you will be billed for the seven day meal plan.

You are responsible for meeting all other requirements for participation in the meal plan, such as paying tuition on time. No refunds or credits will be given if you are unable to participate in the meal plan because of your failure to meet other requirements.

All residents are required to have a confidential report of medical history including immunization history on file in the Student Health Center Office **PRIOR** to move in date. All full time undergraduate students, including international, are automatically enrolled in Cardinal Stritch University's Student Health Insurance Plan.

The University reserves the right to enter and inspect Residence Hall rooms at any time. University officials will enter and inspect rooms and their contents (and may permit law enforcement officials to enter and participate in such inspections) whenever they consider it necessary to protect or maintain the property of the University or the health or safety of its students, faculty, staff, or visitors, or whenever they consider it necessary to aid the University in carrying out its responsibilities regarding discipline and the maintenance of an appropriate educational atmosphere. In case of such an entry and inspection of your room, an effort will be made to notify you in advance and to have you present at the time of entry, unless in the judgment of University officials, such notice is impractical or unwise under the circumstances. By your signature on this contract, you acknowledge your understanding of the foregoing and consent to any such entry to and inspection of your room. The University is not liable for property belonging to your which may become lost, stolen, or damaged in any way on the premises, including storage facilities.

By your signature on this contract you agree to the following.

- To vacate the premises within 24 hours after your last exam or class of each semester.
- To pay any damage and unnecessary service costs caused by you to University property due to your neglect or intent.
- To observe the Residence Hall rules and regulations as stated in the Residence Hall Handbook.
- To vacate your room during those periods in which the Residence Hall is officially closed
- To be present at mandatory wing meetings or incur the established fine.
- To carry a minimum of twelve credits during the fall and spring semesters. Failure to attend classes for more than two weeks during the fall and spring semesters, without a documented medial or personal situation, will be considered a violation of this requirement.
- To participate in the room consolidation process, if deemed necessary by the Resident Life Department.

 Student Signature

 Date

Please return a copy along with deposit to: Cardinal Stritch University, Residence Life Office, 6801 N. Yates Rd #203, Milwaukee WI 53217-3985

CARDINAL STRITCH UNIVERSITY HOUSING PREFERENCE FORM

PERSONAL INFORMATION

Name: _____
(Last Name) (First) (Middle Initial)

Student ID Number: _____ Date of Birth: ____/____/____

Intended Major: _____ Gender: Male Female

Class Standing (for the semester for which you are applying):

First Year Sophomore Junior Senior

I am a: New Student Transfer Student Returning Student International Student

ADDITIONAL INFORMATION

Do you have a disability which would require special room accommodations? No Yes

Do you have an illness, chronic or otherwise, that could potentially require accommodations? No Yes

If **Yes to either question**, please attach a letter of explanation. We reserve the right to request additional documentation. (Note: Your responses indicate only a preference. The Director of Residence Life reserves the right to determine any room assignments based on priority and/or need.)

Have you ever been dismissed or placed on probation from a college or university residence hall? No Yes

If **Yes**, please attach a letter providing appropriate date(s) and explain the circumstances. We reserve the right to request additional documentation.

PERSONAL PREFERENCES: Please answer the following questions to assist us in making the best possible placement.

I am a*..... Non-Smoker Smoker Occasional Smoker
I prefer my roommate(s) to be a*..... Non-Smoker(s) Smoker(s) Occasional Smoker(s)

*Cardinal Stritch University residence halls are non-smoking facilities.

On weeknights, I typically go to bed at..... 10 pm 11 pm 12 am 1 am 2 am
On weekdays, I typically wake up at..... 6 am 7 am 8 am 9 am 10 am
I sleep..... Soundly Fairly Soundly Lightly
I keep a room that is..... Spotless Clean Semi-Clean Messy
I require a place to study that is..... Quiet Fairly Quiet Not Quiet
I am an athlete on a Stritch Athletic team.... Yes No Sport: _____

HOUSING PREFERENCES: Please rank all housing options that you are interested in (1= most interested)

Clare Hall (all age groups) **Assisi Hall** (First Year & Sophomore students, Alcohol Free)
_____ Single _____ Double
_____ Double _____ Triple
_____ Quad
_____ Triple Suite (Three private bedrooms with common living space)
_____ Quad Suite (Four private bedrooms with common living space)

Roommate Requests:

I prefer to live with: _____
(Name(s) of preferred roommate(s))

I do not have any roommate requests.

Meal Plan Request: All resident students must be enrolled in a meal plan. Please check the meal plan that you prefer.

NOTE: Changes to the meal plan can only be made through the end of the Drop/Add period each semester.

5 day meal plan

7 day meal plan