

# HOUSING AND MEAL PLAN APPLICATION AND CONTRACT

Current Student

LAST NAME	FIRST NAME	MI
STUDENT ID NUMBER	BIRTH DATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	CITY, STATE, ZIP, COUNTRY	
TELEPHONE	EMAIL	

Applying for housing beginning (check one):  Fall  Spring For the Year 20\_\_\_\_\_

I have been confirmed as an LTU varsity athlete in (list sport/s) \_\_\_\_\_

**I have roommate preferences.** (These are preferences – NOT GUARANTEES. All requests must be mutual.)

STUDENT NAME \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

Room Preferences	Meal Plans	Disability Accommodations
Rank your room preferences 1-6. _____ 1 bedroom, South Housing _____ 2 bedroom, South Housing _____ 1 bedroom, Donley Hall _____ 2 bedroom, Donley Hall _____ 1 bedroom, Reuss Hall _____ Arbor Lofts <i>Please note that these are preferences, not guarantees.</i>  If Donley Hall, Reuss Hall, or South Housing are full, I would like to be placed at Arbor Lofts. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 9 meals per week with \$250 Blue Devil Dollars per semester  <input type="checkbox"/> 11 meals per week with \$200 Blue Devil Dollars per semester  <input type="checkbox"/> 15 meals per week with \$150 Blue Devil Dollars per semester  <input type="checkbox"/> 19 meals per week with \$125 Blue Devil Dollars per semester  <b>All residential students, except for those living in Arbor Lofts, must have a meal plan.</b>	I have a disability or medical condition that may affect my housing assignment and/or meal plan choice: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, register with the Office of Disability Services to review accommodation needs.  All accommodation requests must be submitted and approved before your housing is renewed in order to properly accommodate you.

<b>Office Use Only</b>
Date Received _____ <input type="checkbox"/> Fee Paid Room Assignment _____

# Housing and Meal Plan Contract

## Terms and Conditions

The undersigned student wishes to reside in a Lawrence Technological University residence hall and agrees to pay the housing and meal application and contract fee in the amount of \$250 (must be paid prior to contract period). This payment becomes the student's deposit. It will be kept on file and does not need to be paid again as long as the student continues to reside in University Housing. If the student cancels housing at any time during the academic year, his or her deposit is forfeited.

### Typing your initials (first name initial, last name initial) in the spaces provided below certifies that you understand these terms and conditions:

\_\_\_\_\_ This contract covers housing for the entire academic year, fall and spring semesters, or from the time of arrival through the end of the spring semester. If the student wishes to terminate the contract, a Contract Cancellation Request must be submitted to the Office of University Housing. If the student cancels prior to July 31, he or she will receive a full refund minus his or her deposit with no cancellation fee assessed. If the student cancels after August 1, he or she will receive a full refund minus his or her deposit and a \$250 cancellation fee. If the student cancels after the first day of classes, he or she will forfeit his or her deposit and be assessed a \$500 cancellation fee; he or she may be eligible to receive a refund according to the refund policy. If the student's cancellation request is denied, the student remains responsible for the cost of the room for the full academic year.

\_\_\_\_\_ The cost of the meal plan will be charged to the student's account on a semester basis. The student's fall meal plan choice will roll over to the spring semester unless the student submits a Meal Plan Change Request form to the Office of University Housing by the end of the second week of classes in the spring semester. Changes for the fall semester may be made through the end of the second week of classes and must be made in writing. If a student's request to cancel his or her meal plan is approved, the student will be charged for the amount of the meal plan already used if they cancel before the end of the second week of classes. Payments on the student's account must be made in accordance with Lawrence Tech policies.

\_\_\_\_\_ If a student chooses or is placed in Arbor Lofts, he or she is responsible for the cost of the apartment and is subject to the same billing and cancellation policy and procedures as all University Housing residents. In addition to all Lawrence Tech policies, the student is responsible for abiding by all Arbor Lofts policies and procedures. If the student fails to follow Arbor Lofts policies, he or she faces termination of his or her housing contract.

The student agrees to abide by all University Housing policies as listed in the *University Housing Guidelines*, the *Student Code of Conduct*, or any other published Lawrence Tech document. Violations of any of the policies, or any other conduct deemed to be such as to require removal of a student from a residence hall in the best interests of the other residents, shall be grounds for termination of the contract by the University.

Receipt of the completed application and fee by the Office of University Housing does not guarantee a specific assignment to a

residence hall. Final assignment will be determined by the Office of University Housing. The student must be officially admitted and enrolled for credit-bearing coursework at Lawrence Tech and making satisfactory academic progress to live in the residence halls. All undergraduate students must be enrolled for at least 12 credits and all graduate students in at least one course to live in University Housing. Exceptions may be made by the Director of Residence Life.

The Office of University Housing reserves the right to reassign and consolidate residents at the University's discretion. Room space cannot be sublet nor can a contract be transferred, sold, or assigned to another person. The student may not conduct or solicit business in the residence hall, including from within the student's room, without prior approval from the Director of Residence Life.

The student is responsible for damages beyond normal wear and tear to the room and furnishings. University Housing staff will inspect rooms throughout each semester to ensure safety and room quality and will conduct a damage assessment of each room at the end of the housing contract and charge all roommates as deemed appropriate. Damages will also be assessed after all room changes.

Lawrence Technological University is not responsible for the personal property of the student or the loss, damage, or destruction of that property. All personal property of the student and any property in the student's custody belonging to a third party is the sole responsibility of the student.

The University will release student contact information to roommates unless the student notifies the Office of University Housing in writing at the time of application not to do so.

If the student wishes to live in the residence halls over the summer semester, a separate summer application and contract must be signed and includes acceptance of a new room assignment, which would likely differ from his or her current assignment.

## Notice of Non-Discriminatory Policy

Lawrence Technological University adheres and conforms to all federal, state, and local civil rights regulations, statutes, and ordinances. No person, student, faculty, or staff member will knowingly be discriminated against relative to the above statutes. Lawrence Technological University is an equal opportunity employer.

## Application Certification

I acknowledge that by typing my name on the line below, I am providing my e-signature certifying that I understand that any misrepresentation or omission of facts in my application will justify denial or cancellation of acceptance to University Housing before or after enrollment.

\_\_\_\_\_  
Applicant e-Signature

\_\_\_\_\_  
Date

*I acknowledge that by typing my name on the line below, I am providing my e-signature certifying that I agree to accept full responsibility for all debts to the University incurred by this applicant, who is a minor (less than 18 years of age).*

\_\_\_\_\_  
Parent or Guardian e-Signature

\_\_\_\_\_  
Date



# EMERGENCY CONTACTS AND INSURANCE INFORMATION

LAST NAME	FIRST NAME	MI
STUDENT ID NUMBER	BIRTH DATE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	CITY, STATE, ZIP, COUNTRY	
TELEPHONE	EMAIL	

**Emergency Contact**

NAME	RELATIONSHIP
ADDRESS	CITY, STATE, ZIP
TELEPHONE DAY	EVENING CELL

**Missing Person Contact**

This person will be contacted by an authorized University official within 24 hours if it is determined that you have gone missing. If you are under 17, your legal guardian, if he or she is not already your Emergency Contact, will also be notified.

Same person as Emergency Contact

**If different than Emergency Contact:**

NAME	RELATIONSHIP
ADDRESS	CITY, STATE, ZIP
TELEPHONE DAY	EVENING CELL

**Health Insurance**

POLICY HOLDER NAME
ADDRESS CITY, STATE, ZIP
RELATIONSHIP TO PARTICIPANT
INSURANCE PROVIDER EFFECTIVE DATE
ADDRESS CITY, STATE, ZIP
PHONE NUMBER
GROUP NUMBER POLICY NUMBER CONTRACT NUMBER
EMPLOYEE NUMBER