

# 2009 PSU SUMMER STUDENT HOUSING APPLICATION

NAME: \_\_\_\_\_  Male SSN or  
Last First MI.  Female Student ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip

PHONE\*: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
\* Include country and city code if outside of the United States

(E-mail) \_\_\_\_\_ Course being taken: \_\_\_\_\_

Student Status:  Undergraduate  Graduate \_\_\_\_\_ Other (please specify)

**THIS APPLICATION IS FOR STUDENTS ONLY. CONFERENCE AND WORKSHOP PARTICIPANTS SHOULD CONTACT THEIR EVENT COORDINATOR FOR SPECIFIC HOUSING INFORMATION.**

Rent is based on the number of nights between the date of arrival and departure. Typically, check-in is not before Monday, May 25, 2009 and check-out is no later than Sunday, August 9, 2009.

Note: Assignments are made on a first-come, first-served basis. Availability is not guaranteed.  
**Reservation request must be received at least 7 days prior to date of arrival.**

## HOUSING PREFERENCES (Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices)

<p style="text-align: center;"><b>LANGDON WOODS RESIDENTIAL COMPLEX</b>                  (No minimum stay required – graduate students only)  <b>All rooms have private bathroom.</b></p> <p>_____ \$25.00/night = Single room</p> <p>_____ \$18.00/night/person = Double room</p>	<p style="text-align: center;"><b>APARTMENTS</b>                  (Minimum 5 night stay required)                  (PSU students only)</p> <p>_____ \$37.00/night = Family in a <b>two-bedroom</b> apartment</p> <p>_____ \$28.00/night = Family in a <b>one-bedroom</b> apartment</p> <p>_____ \$35.00/night = 1 adult alone in a <b>two-bedroom</b> apartment</p> <p>_____ \$24.00/night = 1 adult alone in a <b>one-bedroom</b> apartment</p> <p>_____ \$20.00/night/person = 2 adults in a <b>two-bedroom</b> apartment</p> <p>_____ \$14.00/night/person = 2 adults in a <b>one-bedroom</b> apartment</p> <p>_____ \$13.00/night/person = 4 adults in a <b>two-bedroom</b> apartment</p>
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Date of Arrival: \_\_\_\_\_ \*\* Date of Departure: \_\_\_\_\_  
**\*\*Minimum 7 day prior notice required**

Do you wish to request special roommates?  Yes Name: \_\_\_\_\_

I am a:  Smoker  Non-smoker \* **Please note Langdon Woods Residential Complex is a non-smoking facility.**

Will your family be with you? Please list names and ages of any children: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When your application is received, a bill will be entered on your account for the total summer housing charge. You will receive a confirmation letter with the total amount due. Please pay your outstanding housing balance within two weeks of receipt of this confirmation letter.  
 Direct any questions to Tom Weeks at 603-535-3298 or thomasw@mail.plymouth.edu

**Applications may be sent to: Summer Housing Manager, Langdon Woods, MSC 66, 17 High Street, Plymouth NH 03264-1595  
 or faxed to 603-535-3299**

Office Use Only: Received: \_\_\_\_\_ Assignment: \_\_\_\_\_ Confirmation: \_\_\_\_\_