2017 PSU SUMMER GRADUATE STUDENT HOUSING APPLICATION

NAME: ___________________________________________  ___ Male    Student ID: __________

ADDRESS: ________________________________________________

________________________________________________________________________________

________________________________________________________________________________

City       State              Zip

PHONE*: (Home) ______________________________________     (Cell)  _____________________________

* Include country and city code if outside of the United States

(E-mail) ______________________________________

THIS APPLICATION IS FOR GRADUATE 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 Sunday, May 28, 2017
and check-out is no later than Sunday, August 6, 2017.

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

HOUSING PREFERENCES
(Please indicate 1st and 2nd choices)

| LANGDON WOODS RESIDENTIAL COMPLEX (No minimum stay required – graduate students only) | APARTMENTS (Minimum 5-night stay required) (PSU students only) |
| All rooms have private bathroom. | |
| _____ $27.00/night = Single room | _____ $30.00/night = 1 adult alone in a one-bedroom apartment |
| _____ $20.00/night/person = Double room | _____ $25.00/night/person = 2 adults in a two-bedroom apartment |
| | _____ $43.00/night = Family in a two-bedroom apartment |
| | _____ $32.00/night = Family in a one-bedroom apartment |

Date of Arrival: ________________ **
**Minimum 7-day prior notice required
Date of Departure: ________________

Do you wish to request specific roommate? _____ Yes    Name: _____________________________

I am a: _____ Smoker _____ Non-smoker    * Please note all on-campus housing facilities are non-smoking.

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 Kathy Peverly 535-2260 kkpeverly@plymouth.edu

Applications may be sent to: Summer Housing Office, Residential Life, MSC 42, 17 High Street, Plymouth NH 03264-1595
or faxed to 603-535-2726