Summer School 2009

We are pleased that you are considering living on-campus for Summer I, II, III, and/or Maymester! We are excited to announce that Summer School will be held in Tyler Hall this year.

To reserve a space on-campus for any Summer Session, please complete the information requested at the bottom of the form and return it to the Office of Residential Life, located in the basement of Tyler Hall. There is no deadline for returning this information. However, to participate in a limited summer storage opportunity, the form must be returned by Wednesday, April 22, 2009 to the Office of Residential Life, located in the basement of Tyler Hall. All summer school residents must have an on-campus meal plan. Before you check into a room in Tyler Hall this summer, you will sign a copy of the Summer Student Housing Agreement.

This summer, simply come to the first floor classroom of Tyler Hall when your summer session begins and a staff member will give you a room assignment. Residence hall summer opening and closing dates are listed on the Schedule of Charges Information Sheet. There is also information about temporary student storage for residents who will begin classes on May 18, 2009. Please contact the Office of Residential Life at ext. 5375 if you have any questions.

_____ _____ _____ Gender
Last Name First Name Middle Name ___ Male
___Female

_____ _____ Date of Birth: _____ _____ 19 _____
Student I.D. Number P. O. Box Month Day Year

E-mail Address:_____ (_____)_____
Phone Number at Permanent Address

Please list your local address _____ Local Phone No. _____

Permanent Address: _____

_____
City State Zip Code/Country

Please indicate your selected meal plan: (all residential students must have a meal plan)
___ 19 meal per week ____ 15 meals per week

Which term(s) are you attending during summer school? (check all that apply)
____Maymester ____ Summer I ____ Summer II ____ Summer III

If you have special needs based on physical limitations or a medical condition, check here _____
Please **provide supporting documentation** (*if not previously submitted*) from a medical professional to the **Disability Resource Office**, P O Box 6902, Radford, VA 24142.

Tyler Hall is a smoke-free living environment. However, when possible, we try to pair roommates who have similar smoking habits. **Circle <u>One</u> Smoking Option:** ____ I smoke, even occasionally.
____ I don't smoke.

Optional: Requested Roommate _____ Student I.D. Number _____
(This is not guaranteed. Requests need to be mutual and in writing to be considered)

_____ _____
Student Signature Date