2013-2014

NDSU ROOM + MEAL PLAN LICENSE AGREEMENT

PLEASE READ ALL DIRECTIONS BEFORE COMPLETING THIS FORM.

Print in ink.

Mail this form to Residence Life, North Dakota State University, Dept 5310 PO Box 6050, Fargo, ND 58108-6050 and include the \$50 room reservation fee. Applications/contracts may also be completed online via Campus Connection. For more information, visit www.ndsu.edu/reslife.

| Legal name | | | | | | | | | | | |
|---------------|-----------------|----------|----------|----------------------|------|-----------|------------|---------------|--------------|------------|------------|
| Last | | | | First (no nicknames) | | | | | Middle | | |
| Age | Date of birth _ | Month Da | Year | Student ID | No | (If known | | Major | | | |
| E-mail addres | s | | | | | | Semester i | ntended to mo | ve in 🌌 Fall | 2013 | ing 2014 |
| Home address | s | Street | | | City | | State | Zip | | Country | |
| Home phone | () | | Cell | phone (|) | | | Will enr | oll as 🎹 FrŽ | ŽSo Ž ŽJrŽ | ŽSrŽ ŽGrad |

Parent/guardian name _

RESIDENCE HALL PREFERENCE

Indicate your hall preference by placing a 1 next to your first choice, 2 next to your second choice, 3 next to your third choice, etc. Up to seven choices may be selected. (See page 13 for hall descriptions.)

MALE HALLS

- ____ Churchill
- ____ Johnson
- ____ Reed
- ____ Stockbridge

FEMALE HALLS

- ____ Burgum
- ____ Dinan
- ____ North Weible
- _____ South Weible

CO-ED HALLS

- _____ Living/Learning Center East (must be at least 20 years old)
- _____ Living/Learning Center West (must be at least 20 years old)
- _____ Pavek (upperclassmen only)
- ____ Seim
- ____ Sevrinson
- ____ Thompson
- _____ Niskanen (upperclassmen only)

ROOMMATE REQUESTS

Requests for a specific roommate must be mutual and both requests should be received by Jan. 1 for priority consideration. Requests after this date will be accepted but may not be possible. Please mail both contracts together.

LGBTQA students who would like to request assistance with roommate matching can find more information at **www.ndsu.edu/reslife**.

□ Roommate request: Full Name and Hometown

Student ID#

LEARNING COMMUNITIES

Please mark any of the following room requests that interest you. Visit www.ndsu.edu/reslife for more information about these options.

- □ Engineering and Architecture Community (must be majoring in engineering or architecture)
- Pharmacy Community
- (must be majoring in pharmacy/pre-pharmacy)
 Arts, Humanities and Social Sciences (AHSS) Community
- (must be an AHSS student)

 Wellness Community
- (additional substance-free contract required; see Web site for details)
- Business Community
 - (must be majoring in business)
- Transfer/International Community (must be transfer or international student)

MEAL PLAN PREFERENCE

Choose your meal plan by selecting the appropriate choice. A meal plan is required for all first-year students and anyone residing in Pavek. A meal plan is optional for upperclassmen in Niskanen and Living Learning Centers. If you are required to have a meal plan and fail to select one, you will be placed on the Basic Plan. For more information about dining plans, visit **www.ndsu.edu/dining services.**

- 🛛 Basic
- 🗆 Elite
- 🛛 No meal plan

Accommodations: If you require accommodations with your room or meal plan due to a documented disability, contact the Disability Services Office, 170 Wallman Wellness Center, NDSU Dept 5160, PO Box 6050, Fargo, ND 58108-6050 or phone 701-231-8463 in addition to submitting this License Agreement and reservation fee. Requests for accommodations cannot be assured for students applying less than 60 days prior to the beginning of the term for which on-campus accommodations are needed. NDSU will make every effort, however, to provide reasonable accommodations.

I hereby apply for accommodations for the academic year as indicated above. I have read and agree to abide by the **GENERAL CONDITIONS OF THIS LICENSE AGREEMENT**, including the final rate schedule as approved by the State Board of Higher Education, and have **included my \$50 reservation fee.**

I understand that this is a license agreement for the duration of the 2013-2014 academic year.

| Student | Date// Parent (Parent signature required if applicant is less than 18 years of age.) |
|-------------------------|--|
| FOR UNIVERSITY USE ONLY | |

Date___/___/____