

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](http://www.ndsu.edu/reslife).

Legal name \_\_\_\_\_  
Last First (no nicknames) Middle

Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID No. \_\_\_\_\_ Major \_\_\_\_\_  
Month Day Year (If known)

E-mail address \_\_\_\_\_ Semester intended to move in \_\_\_\_\_ Fall 2013 \_\_\_\_\_ Spring 2014

Home address \_\_\_\_\_  
Street City State Zip Country

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_ Will enroll as \_\_\_\_\_ Fr \_\_\_\_\_ So \_\_\_\_\_ Jr \_\_\_\_\_ Sr \_\_\_\_\_ Grad

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](http://www.ndsu.edu/reslife).

Roommate request:  
Full Name and Hometown \_\_\_\_\_

**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 \_\_\_\_\_  
(Student signature) Month Day Year (Parent signature required if applicant is less than 18 years of age.)

#### FOR UNIVERSITY USE ONLY

Student ID# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_