

**OFFICE OF HOUSING & RESIDENTIAL LIFE
THE TOWERS RESIDENTIAL SUITES SPRING/SUMMER 2009 APPLICATION**

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

PERMANENT ADDRESS (# AND STREET) _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

HOME PHONE # (____) _____ CELL PHONE # (____) _____ OTHER PHONE # (____) _____

DATE OF BIRTH ____/____/____ OVER 21? YES _____ NO _____ GENDER (CIRCLE ONE) MALE FEMALE

9 DIGIT BANNER ID # (EX: 003 123 456) _____ WSU ACCESS ID # (EX: ab1234) _____ APPLICANT'S PROGRAM OF STUDY _____

PLEASE INDICATE WHICH SEMESTER YOU ARE ENROLLED FOR CLASSES: SPRING 2009 _____ SUMMER 2009 _____ FALL 2009 _____

PLEASE INDICATE YOUR 2009 ACADEMIC STATUS: SOPHOMORE _____ JUNIOR _____ SENIOR _____ GRADUATE _____

LAW STUDENT _____ MEDICAL STUDENT _____ TRANSFER _____

ARE YOU A WSU ATHLETE? YES _____ NO _____ PLEASE INDICATE WHAT SPORT YOU PLAY: _____

HAVE YOU LIVED IN WSU HOUSING BEFORE? YES _____ NO _____ IF YES, WHERE DID YOU LIVE? _____

DO YOU HAVE ANY MEDICAL CONDITIONS THAT REQUIRES SPECIAL ACCOMODATIONS? YES _____ NO _____

IF YES, PLEASE DESCRIBE: _____

INTERNATIONAL STUDENTS ONLY

COUNTRY OF ORIGIN: _____ PLEASE PROVIDE THE FOLLOWING INFORMATION FOR A LOCAL CONTACT PERSON:

NAME _____ ADDRESS: _____ PHONE _____

ROOM PRICING INFORMATION

SPRING/SUMMER SEMESTER CAMPUS HOUSING WILL BE AVAILABLE IN THE TOWERS RESIDENTIAL SUITES.

SUMMER RESIDENTS WILL BE GROUPED TOGETHER ON VARIOUS FLOORS TO ALLOW GUESTS AND CONFERENCE HOUSING RESERVATIONS ON OTHER FLOORS.

ALL SUITE TYPES WILL BE AVAILABLE ON A FIRST-COME/FIRST-SERVED BASIS, ON THE DESIGNATED FLOORS.

SEE BELOW FOR PRICING OPTIONS:

	<u>DAILY</u>	<u>WEEKLY</u>	<u>SPRING</u>	<u>SUMMER</u>	<u>SPRING/SUMMER</u>
SINGLE IN A SUITE	\$19.00	\$133.00	\$988.00	\$988.00	\$1,976.00
DOUBLE IN A SUITE, PER PERSON	\$16.00	\$112.00	\$832.00	\$832.00	\$1,664.00

I WOULD LIKE HOUSING FOR: SPRING (5/10/09 - 7/1/09) _____ SUMMER (6/30/09 - 8/22/09) _____ BOTH SPRING & SUMMER _____

OTHER DATES HOUSING IS NEEDED: _____

PLEASE SELECT PREFERRED ROOM TYPE: SINGLE ROOM _____ DOUBLE ROOM _____

PLEASE RANK SUITE TYPE IN ORDER FROM **1 TO 7**: A SUITE _____ B SUITE _____ C SUITE _____ D SUITE _____

* SEE SUITE DIAGRAMS ON THE REVERSE SIDE* E SUITE _____ F SUITE _____ G SUITE _____

ROOM INFORMATION: PLEASE COMPLETE THIS SECTION COMPLETELY

ALL TOWERS RESIDENTIAL SUITES HAS A BATHROOM WHICH IS SHARED BY ALL SUITEMATES.
MEAL SERVICES WILL NOT BE OFFERED DURING THE SPRING/SUMMER TERM.

NOTE: THE INFORMATION BELOW WILL BE KEPT CONFIDENTIAL AND WILL BE USED TO ASSIST IN DETERMINING YOUR OPTIMUM ROOM ASSIGNMENT.

DO YOU SMOKE? YES _____ NO _____ DO YOU OBJECT TO BEING PAIRED WITH A SMOKING ROOMATE? YES _____ NO _____

***** THE TOWERS RESIDENTIAL SUITES ARE SMOKE FREE FACILITIES. WE DO, HOWEVER, RECOGNIZE STUDENTS WILL SMOKE OUTSIDE*****

DO YOU START THE DAY: EARLY, BEFORE 10:00 A.M. _____ OR LATE, AFTER 10:00 A.M. _____

IS YOUR USUAL BEDTIME: BETWEEN 8:00 P.M. AND MIDNIGHT _____ OR AFTER MIDNIGHT _____

DO YOU USUALLY KEEP YOUR ROOM: NEAT _____ OR MESSY _____

WHAT TYPE OF ENVIRONMENT DO YOU PREFER? SOCIAL _____ OR STUDY _____

IF YOU KNOW SOMEONE YOU WOULD LIKE TO BE PAIRED WITH, PLEASE INDICATE THEIR NAME AND 9-DIGIT BANNER ID # BELOW:

NAME _____ 9-DIGIT BANNER ID # _____

NAME _____ 9-DIGIT BANNER ID # _____

***** IN ORDER TO BETTER THE CHANCES OF YOU BEING PLACED WITH YOUR PREFERRED ROOMMATE, HE/SHE MUST ALSO INDICATE YOUR NAME AND 9-DIGIT STUDENT ID # ON THEIR APPLICATION*****

IMPORTANT INFORMATION

ALL APPLICATIONS MUST BE RETURNED WITH A CHECK OR MONEY ORDER FOR **\$50.00**.
NO CASH OR DEBIT/CREDIT CARDS
 (THIS FEE INCLUDES THE **\$50.00 SECURITY DEPOSIT**)

PLEASE MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO: WAYNE STATE UNIVERSITY

IF SUBMITTING BY MAIL, PLEASE SEND TO: **WSU Housing Office •5221 Gullen Mall Suite # 598 • Detroit, MI• 48202**

- UPON CONFIRMATION OF AVAILABILITY, YOU MUST COME TO THE HOUSING OFFICE TO SIGN A CONTRACT.
- YOU WILL BE CONTACTED THROUGH WSU EMAIL TO NOTIFY YOU OF YOUR ROOM ASSIGNMENT.
- APPLICATIONS ARE VALID FOR THE CURRENT ACADEMIC YEAR ONLY.

Applicant's Signature **Date**

Please Print Name