



Student Break Housing Contract

Department of Residential Life and Housing
500 2nd Street South St. Petersburg, FL 33701
Phone (727) 873-5101/Fax (727) 873-5002

GENERAL INFORMATION

Student Name (Last, First, M.I.) _____ U Number _____ Date of Birth (MM/DD/YYYY) _____

Permanent Address (Street) _____ (City) _____ (State) _____ (Zip) _____

(_____) _____ (_____) _____
Student Permanent Telephone Student Cellular Telephone Current Personal E-Mail Address

Emergency Contact Telephone _____ Emergency Contact Name _____

Gender: F M

Current Student Status: Freshman Sophomore Junior Senior Graduate Student Other _____

Break Housing Session: [] Spring -Summer Break Housing (May 3rd -May 10th) \$280
[] Summer C to Summer B Break Housing (July 18—August 7) \$735
[] Summer - Fall Break Housing (August 9—August 20) \$420

Important Information

You must submit this contract and payment in full to the Cashier's Office by :

Friday April 24, 2009 for Spring- Summer Break

Friday July 10, 2009 for Summer C –Summer B

Friday July 31, 2009 for Summer- Fall Break

In order to submit you must have paid all previous housing fees prior to submission of this contract. If we have not received this contract and payment by the above dates you will be assigned a \$50 late fee.

If you are staying for a summer session, you will be relocated to the 7th floor by Tuesday, May 5th by noon. Your keys will be ready Monday May 4th at noon. You will need to sign-up with the RA to check out of your current Spring 2009 assignment and into your Summer 2009 assignment. Due to limited staffing, some services **may** not be available.

I agree to abide by all Department of Housing and Residential Life policies and procedures as well as all University regulations during Break Housing. Failure to follow policies and procedures will result in an immediate removal and judicial action. I understand that standard University Housing services are limited for the period of this Break Housing assignment term. Services which may be limited include: staff availability as well as evening and weekend area office coverage.

Student Signature

Date

FOR OFFICE USE ONLY

Date Received by Cashier's Office: _____ Payment Method: _____

Cashier's Signature: _____

Date received by DHRL Staff: _____ Date RMS entry & file created: _____