

OFFICE OF RESIDENCE LIFE

1 Morrow Way

Slippery Rock University

Slippery Rock, PA 16057

Telephone: 724/738-2082

Fax: 724/738-2917

ON CAMPUS HOUSING

PLACEMENT REQUEST FORM

SPRING 2010

BY COMPLETING THIS FORM YOU ARE "REQUESTING" ON CAMPUS HOUSING. SUBMITTING THIS FORM DOES NOT GUARANTEE HOUSING IS AVAILABLE. PLEASE READ THE FORM CAREFULLY.

As a Re-Admitted , Commuter, Transfer or Current Off Campus student you are neither required nor guaranteed on campus housing. This form serves as an indication of your desire to live on campus. You will be contacted by mail once vacancy rates have been determined for the Spring Semester.

Please print legibly or type the following information:

Name _____
Last Name, First Name, Middle Initial

Student ID Number or Last 4 of SS# _____

Address _____

Home/Cell Number _____
Email Address _____

_____ Female _____ Male

_____ Smoker _____ Non-Smoker

Please note that the residence halls are smoke-free; students who smoke are required to do so outside the residence halls.

STUDENT'S CURRENT STATUS (please check one):

_____ I am a re-admit student for SPRING 2010

_____ I currently commute from home

_____ I currently reside off-campus

_____ I am a transfer student beginning the SPRING 2010

Student's Signature

Date

Completion of this placement form DOES NOT guarantee you residence and or a particular residence hall (new or traditional), room or roommate preference. Housing information will be mailed according to availability.

RETURN COMPLETED FORM TO

OFFICE OF RESIDENCE LIFE

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Or By FAX to 724-738-2917

DO NOT WRITE IN THE SPACE BELOW. FOR OFFICE USE ONLY

Date Received: _____ Received by: _____

Date Housing Information Sent: _____ Assignment: _____