University Housing Early Arrival/Late Departure Request Form

Please complete the form below and submit it to the Office of Residence Life for consideration. All responses will be communicated to the contact person via e-mail. (NOTE: All departments and organizations must submit an accurate list of each participant’s name, CWID# and gender to be considered with this request.)

Residence halls opening dates:
Saturday, August 13, 2016 (9:00AM – 4:00PM) residence halls open for new students only
Wednesday, August 17, 2016 (9:00AM – 5:00PM) all residence halls open for all students
Thursday, August 18, 2016 (9:00AM – 5:00PM) all residence halls open for all students
Friday, August 19, 2016 (9:00AM – 5:00PM) all residence halls open for all students
(NOTE: Students who are unable to check-in during the designated timeframes may request for special arrangements. Requests must be submitted in writing to Residence Life via an e-mail to reslife@kysu.edu by Friday, August 12, 2016 @ 4:30PM. Requests are not guaranteed.)

Only students who, at the time of check-in, 1) have been granted University housing, 2) have a zero or negative balance and 3) are in good standing (academically, financially, judicially, etc.) with the University will be permitted to check into the residence hall. Appropriate charges will apply for all commuter students and staff.

Today’s Date: __________________________
Requestor’s Name: ____________________________________________________________
Requestor’s Status (Select one): _____ Student (SID#): __________________________
                                 _____ Department/Organization: (Name): __________________________
Telephone #: ______________________ E-mail Address: ______________________________

Place an “X” next to the request description. This request is for:
_____ Early Arrival    _____ Late Departure   _____ Early Arrival and Late Departure

Are you willing to pay a daily rate for the needed housing and or meals? __________________
Housing Information

Requested Arrival Date: ____________________________ Time: ____________
Requested Departure Date: ____________________________ Time: ____________
Reason for request: _____________________________________________

Meals

Are meals needed during this timeframe? Yes  No
If yes, for how many total days: ______ starting on __________________ at ______
and how many total people: ______
    # of on-campus students: _____  # of commuter students: _____
    # of student staff: _____  # of professional staff: _____

What meals are needed for each day?
Breakfast only  Lunch only  Dinner only  All three meals

Special Notes/Requested Considerations:
________________________________________________________________________________________
________________________________________________________________________________________

----------------------------------For Central Office Use Only----------------------------------

Date Request Received: __________________ Request Received By: __________________
Is the list of students/staff attached to this form:  Yes  No

Request Decision: Approved ______  Denied ______  Decision Date: _________________

Director of Residence Life’s Signature: _________________________________________________

Payment Type for housing and or meal expenses: ________________________________

Approved Arrival Date: ____________________________ Time: ____________
Approved Departure Date: ____________________________ Time: ____________
Approved # of Arrivals: ____________________________  Departures ______  Meals ______

NOTES:
________________________________________________________________________________________
________________________________________________________________________________________

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