

**2007-2008 International Exchange Student  
Room and Board Contract**

Before signing, please read this **ENTIRE** document and the **2007-2008 HOUSING CONTRACT TERMS AND CONDITIONS**.

**Student Information - Please Print Clearly**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

**Current Address**

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Current E-Mail: \_\_\_\_\_

**Office Use Only** ~ ISU ID#: \_\_\_\_\_

**Contract Term - Please select one.**

<input type="radio"/> Fall 2007 only	Aug. 16, 2007 – Dec. 15, 2007
<input type="radio"/> Fall 2007 <b>AND</b> Spring 2008	Aug. 16, 2007 – May 10, 2008
<input type="radio"/> Spring 2008 only	Jan. 10, 2008 – May 10, 2008

**Smoking Preference - Please select one.** While smoking is prohibited in all residence halls and Frederiksen Court, residence hall roommates will be paired based upon smoking preference.

- I am a smoker
- I am not a smoker
- I am not a smoker, but I **will** live with a smoker

**Assignment Options for International Exchange Students**

Most housing for international exchange students is located in "plus break" areas that remain open during Winter Break (Dec. 15<sup>th</sup> – Jan 10<sup>th</sup>). There is no additional charge for "plus break" housing.

- Rank at least four (4) of the following from 1 - 4, with 1 being your first choice. You may rank more than four, but you must rank at least four.

<u>Linden Hall Options</u>	<u>Buchanan Hall</u>	<u>Frederiksen Court</u>	<u>Wallace Hall</u>	<u>Richardson Court</u>
<ul style="list-style-type: none"> <li>Open Winter Break</li> <li>For students under 21</li> <li>Meal plan required</li> <li>Traditional style hall</li> <li>Double and triple rooms</li> <li>Shared bathroom on hallway</li> <li>Single gender houses, except Devitt (see below)</li> </ul> <p>_____ Standard room, single gender house</p> <p>_____ Devitt Multi-Cultural House (co-ed)</p> <p>Devitt House residents gain a unique cultural experience as they are paired with roommates from different countries.</p>	<ul style="list-style-type: none"> <li>Open Winter Break</li> <li>For students 19 and over</li> <li>Meal plan required</li> <li>Suite style hall</li> <li>Double and single rooms</li> <li>Semi-private bathrooms</li> <li>Co-ed houses</li> </ul> <p>_____ Double Suite</p> <p>_____ Single Suite</p>	<ul style="list-style-type: none"> <li>Open Winter Break</li> <li>For students 19 and over</li> <li>No meal plan required</li> <li>4 person apartments</li> <li>Private and shared bedrooms</li> <li>Kitchen, bathroom and laundry in each unit</li> <li>Semi-private bathrooms</li> <li>Single-gender within unit</li> </ul> <p>_____ Shared bedroom</p> <p>_____ Private bedroom</p>	<ul style="list-style-type: none"> <li>Open Winter Break</li> <li>For students 19 and over</li> <li>No meal plan required</li> <li>Traditional style hall</li> <li>ALL SINGLE ROOMS</li> <li>Shared bathroom on hallway</li> <li>Co-ed houses</li> </ul> <p>_____ Single room</p>	<ul style="list-style-type: none"> <li><b>Not open</b> Winter Break</li> <li>For students under 21</li> <li>Meal plan required</li> <li>Traditional style hall</li> <li>Double, triple and single rooms</li> <li>Shared bathroom on hallway</li> <li>Single gender houses, except Devitt (see below)</li> </ul> <p>_____ Standard room, coed house</p> <p>_____ Standard room, single gender house</p>

**\*\* IMPORTANT: You must also complete the information on the reverse of this contract \*\***

### Roommate Preferences

If you have a preference for a specific roommate, please contact Jane Edwards, Study Abroad office at [jedwards@iastate.edu](mailto:jedwards@iastate.edu).

### ISU Dining Information

Meal plans are required in Buchanan Hall, Linden Hall and Richardson Court. Meal plans are encouraged, but not required in Wallace Hall or Frederiksen Court. International exchange students contracting for Buchanan Hall, Linden Hall or Richardson Court will initially be assigned the Premium Cy Plan. If you would like to change your meal plan, you will be able to do so during the first week of classes. More information regarding meal plans is available on the ISU Dining Web site: [www.dining.iastate.edu](http://www.dining.iastate.edu).

### Statement of Agreement

Please read carefully before signing as this is a legally binding contract with the Department of Residence.

The **2007-2008 Housing Contract Terms and Conditions** are available online at [http://www.housing.iastate.edu/document\\_library.php](http://www.housing.iastate.edu/document_library.php).

By signing and submitting this contract I am stating that I have read, understood and accept the **Terms and Conditions** and all documents contained therein, including all applicable **Policy Handbooks**.

- I understand that this contract is for a *space* only. Specific assignments are made on a first-come, first-served basis, comparing preference requests to the space that is available. As such, an assignment within my preferences cannot be guaranteed. Priority is determined using the date that my completed contract is received by the DOR. The DOR reserves the right to make changes in assignments when the university deems it necessary.
- I am aware that if I have a documented disability, it is my responsibility to contact the Disability Resources office (515-294-6624) for assistance with housing. For other physical, psychological or cognitive issues that require special accommodation, I will include with this contract a letter of explanation detailing my needs and a statement of medical necessity from my treating physician. All supplementary materials will contain my full name.
- I understand that I am contracting for the entirety of the term I indicated on the front of this contract. Should I wish to cancel my contact I am aware that all cancellations **MUST BE IN WRITING**, e-mail is acceptable, and must include my full name, **VERBAL CANCELLATIONS WILL NOT BE ACCEPTED**. I understand that I may have to pay cancellation fees.
- I understand if that I am assigned to Buchanan Hall, Linden Hall or Richardson Court I am required to contract for a meal plan. I will initially be assigned the Premium Cy Plan. I may change to another plan, for which I am eligible, during the first week of classes.
- I verify that the information I am providing on this contract is accurate.
- By signing this contract, I authorize the ISU Department of Residence to access my student educational records maintained by Iowa State University for legitimate business purposes associated with my residing in University Housing. I also authorize the ISU Department of Residence to disclose contact information about me to my assigned roommates including my name, e-mail address, and home address.
- I, the undersigned, guarantee payment of all approved rents and fees for the assigned space. The Board of Regents, State of Iowa, will approve room and board rates at its **April** meeting. It is my responsibility to view the DOR Web site to review these rates: <http://www.housing.iastate.edu/>.
- Once you have completed and signed this contract, please return it along with your Exchange Student application. This contract will be forwarded to the Department of Residence after you have been accepted by Iowa State University.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Guarantor Signature (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

#### Please note (optional):

Under Federal law information in university student records cannot be released to parents or guardians unless the university student authorizes release of his or her information in university student records to his or her parents/guardians OR the parent or guardian provides a copy of their most recent income tax returns that demonstrate the student is financially dependent on the parents/guardians. By signature below I authorize the ISU Department of Residence to release university housing related information in my student records to the parents/guardians identified below. I understand that this AUTHORIZATION shall remain in effect until revoked by me in writing and delivered to the ISU Department of Residence.

Release information to: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_