IOWA STATE UNIVERSITY Department of Residence

Class enrollment is not

required for Continuing Residents.

Summer 2007 Room and Board Contract

Please be aware: The Terms and Conditions of the 2006-2007 Housing and Dining Contract also cover summer 2007.

Student Information -	- Please Print Clea	rly								
Last Name:			_ First Na	First Name:				MI:		
University ID #:			_ Date of	Birth:/	//		_			
Cell Phone #: (_)		_ Gende	r: Fem	nale		Male			
Current Address										
Street Address:								Apt. #	:	
City:			State: _	ate: Zip: Country:						
Phone #: ()				Current E-Mail: _						
		Session(s): S			Check-In Da	40 0	heck-Out	Doto	Cancel Deadline	
Room Plan Selection		~			Saturday, May					
Please select one of the option you select will be your contra			Session 1 Only = Classes May 14 – July 6				Saturday, Ju Saturday, Au	-	May 1 June 1	
2007.	ot term for earniner		. 01-	s June 11 – Aug. 3 sses June 11 – Aug. 3	Saturday, Jun		• •	•		
Spring 2007 residents must s		O Trial Enrollment = Classes June 11 – Aug. 3 Orientation June 8 – 10			Sunday, June	3 Sa	turday, Au	gust 4	June 1	
be eligible for Continuing Res	sident rates.	O Entire Su	mmer = Classe	s May 14 – Aug. 3	Saturday, May	12 Sa	turday, Au	gust 4	May 1	
· ·	OOR Web site, http://www.aree options from 1 - 3 , we rooms will only be available removed.)	v.housing.iasta vith 1 being you lable if space p a meal plan. ddition to select a graduate stud , 2007, and yo	te.edu/. ur first choice. permits. Having ting options dent, or 21 or u prefer to	a single or super single Frederiksen Court O You must by 19 or old Frederiksen C Frederiksen C	for summer does	not guar 007 or a s n shared a	antee same	e for fall	I. (In Super-Singles,	
O Check here if you prefer	cupancy. Single students	(non-family) n	nust by 19 or ole						d options are	
Smoking Preference - While assignments are based upon	e smoking is prohibited in	Buchanan Ha	II and Frederiks		O I am a sm		, but I will	live with	n a smoker	
	Summer 2007 Co	ontinuing F	Resident Ra	tes		Entire 05/12	Summer 08/04			
	A CONTINUING Resid			oom Type			34			
	any spring 2007 on-campus resident who contracts to live			ouble Suite		\$665				
	on-campus for the EN					\$770 \$796				
	summer.			Super Single Suite 2 bedroom apartment, shared bedroom			796 553			
	Class sprollment is not	_	ا کرا	oom aparmon, onc		Ψ				

_											
Summer 2007 New Resident Rates			Session	n 1 Only	Session 2 Only		Trial Enrollment		Entire Summer		
			05/12 07/07		06/09 08/04		06/03	08/04	05/12 08/04		
A NEW Resident is any student who did not live on campus during the spring 2007 semester. Class enrollment is required for New Residents.	Building	Room Type	56		56		62		84		
	Buchanan Frederiksen Court	Double Suite	\$96	2.64	\$962.64		\$1,065.78		\$1,444		
		Single Suite	\$1,106.56		\$1,106.56		\$1,225.12		\$1,660		
		Super Single Suite	\$1,20	\$1,202.88		\$1,202.88		\$1,331.76		\$1,805	
		2 bedroom apartment, shared bedroom	\$784.56		\$784.56		\$868.62		\$1,177		
		2 bedroom apartment, super single	\$1,204		\$1,204		\$1,333		\$1,806		
		4 bedroom apartment, private bedroom	\$98	5.04	\$985.04		\$1,090.58		\$1,478		

2 bedroom apartment, super single

4 bedroom apartment, private bedroom

Frederiksen

Court

\$852

\$696

Roommate Preferences

You may list up to three roommates who will be living with you in your Frederiksen Court apartment or Buchanan Suite. You may list one roommate for SUV apartments. Roommates must meet eligibility requirements, be of the same gender (except SUV), and also request you as a roommate on their contracts.

	Roommate Name – Last, First, Middle Initial	Roommate Birth Date
1.		
2.		
3.		

ISU Dining Information and Preferences

All summer residents living in Buchanan Hall are **REQUIRED** to contract for a meal plan. If you do not select a plan from the options below, you will automatically be assigned a Cyclone 17 plan. Frederiksen Court and SUV residents are not required to purchase a meal plan, but are encouraged to do so.

- Meals begin with breakfast on May 14, 2007 and end with dinner on August 3, 2007. Dining dollars will be available on May 10, 2007.
- For more information on ISU Dining, please visit the ISU Dining Web site, http://www.dining.iastate.edu

	Session 1 Only			Session 2 Only			Trial Enrollment			Entire Summer		
	Ma	y 14 - July	6	June	June 11 - August 3		June 3 - August 3			May 14 - August 3		
Select One Weekly Dining Meals Dollar\$ Rate		Weekly Meals	Dining Dollar\$	Rate	Weekly Meals	Dining Dollar\$	Rate	Weekly Meals	Dining Dollar\$	Rate		
O Premium Cy Plan	Unlimited	50	\$946	Unlimited	50	\$946	Unlimited	75	\$1,051	Unlimited	75	\$1,387
O Cyclone 17 Plus	17	75	\$795	17	75	\$795	17	115	\$899	17	115	\$1,169
O Cyclone 14 Plus	14	75	\$765	14	75	\$765	14	115	\$867	14	115	\$1,125
O Cyclone 10 Plus	10	125	\$741	10	125	\$741	10	185	\$855	10	185	\$1,086
O Cyclone 7 Plus	7	175	\$681	7	175	\$681	7	260	\$811	7	260	\$1,000
O 40 Meal Block Plus	N/A	250	\$549	N/A	250	\$549	N/A	250	\$549	N/A	250	\$549

Statement of Agreement

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

The **Housing and Dining Terms and Conditions** are available online at 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 provide a letter of explanation detailing my needs and a statement of medical necessity from my treating physician along with this contract. All supplementary materials will contain my full name and my University ID number.
- 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 and University ID. VERBAL CANCELLATIONS
 WILL NOT BE ACCEPTED. I understand that I may have to pay cancellation fees.
- I understand that if I am assigned to Buchanan Hall I am required to contract for a meal plan. If I do not select a meal plan, I will be assigned a Cyclone 17 plan. I may change to another plan, for which I am eligible, using Access Plus.
- 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, home address and phone number.
- I, the undersigned, guarantee payment of all rents and fees for the assigned space. It is my responsibility to to review these rates on the DOR Web site. http://www.housing.iastate.edu/.

site, http://www.housing.iastate.edu/.	
Student Signature:	Date:
Parent/Guardian/Guarantor Signature (if student is under 18):	Date:
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Information Release (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.

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Release Information To:	Relation to Student:
Student Signature:	Date:

Once you have completed and signed your contract, please send it to:

lail: Department of Residence

2419 Friley Hall Ames, IA 50012

Fax: 515-294-0623

E-mail: housing@iastate.edu