

2010-2011

# NDSU ROOM + MEAL PLAN LICENSE CONTRACT

**PLEASE READ ALL DIRECTIONS BEFORE COMPLETING THIS FORM.**

**Please type or print in ink**

Mail this form to Residence Life, North Dakota State University, Dept 5310 PO Box 6050, Fargo, ND 58108-6050 and include the \$50 room reservation fee.

Legal name \_\_\_\_\_  Male  Female  
Last First Middle

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Student ID No. \_\_\_\_\_ Major \_\_\_\_\_  
Month Day Year (If known)

Home address \_\_\_\_\_  
Street City State Zip Country

Parent/guardian name \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_ Will enroll as Fr So Jr Sr Grad

E-mail address \_\_\_\_\_ Semester intended to move in Fall 2010 Spring 2011

New transfer student  Yes  No

### RESIDENCE HALL PREFERENCE

Indicate your hall preference by placing a 1 next to your first choice, 2 next to your second choice, 3 next to your third choice, etc. Up to eight choices may be selected. (See page 13 for hall descriptions.)

#### MALE HALLS

- \_\_\_\_\_ Churchill (first-year students and upperclassmen)
- \_\_\_\_\_ Johnson (first-year students only)
- \_\_\_\_\_ Reed (first-year students only)
- \_\_\_\_\_ Stockbridge (first-year students and upperclassmen)

#### FEMALE HALLS

- \_\_\_\_\_ Burgum (first-year students and upperclassmen)
- \_\_\_\_\_ Dinan (first-year students and upperclassmen)
- \_\_\_\_\_ North Weible (first-year students only)
- \_\_\_\_\_ South Weible (first-year students only)

#### CO-ED HALLS

- \_\_\_\_\_ Living/Learning Center East (must be at least 20 years old)
- \_\_\_\_\_ Living/Learning Center West (must be at least 20 years old)
- \_\_\_\_\_ Pavek (first-year students and upperclassmen)
- \_\_\_\_\_ Seim (first-year students and upperclassmen)
- \_\_\_\_\_ Sevrinson (first-year students only)
- \_\_\_\_\_ Thompson (first-year students only)
- \_\_\_\_\_ Niskanen (upperclassmen only)

### ROOMMATE REQUESTS

Requests for a specific roommate must be mutual and both requests should be received by Jan. 1 for priority consideration. Requests after this date will be accepted but may not be possible. Please mail both contracts together.

Roommate request: Name \_\_\_\_\_

### MEAL PLAN PREFERENCE

Choose your meal plan by selecting the appropriate choice. A meal plan is required for all first-year students and anyone residing in Reed/Johnson, Weible, Pavek, Seim, Sevrinson or Thompson. A meal plan is optional for upperclassmen in Churchill, Stockbridge, Burgum, Dinan, Niskanen and Living Learning Centers only. If you are required to have a meal plan and fail to select one, you will be placed on the Basic Plan. For more information about dining plans, visit [www.ndsu.edu/dining\\_services](http://www.ndsu.edu/dining_services).

- Basic (unlimited access, 3 guest passes)
- Elite (unlimited access, 7 guest passes, additional Dining Dollars value)
- No meal plan

### ROOM REQUESTS

Please mark any of the following room requests that interest you. Visit [www.ndsu.edu/reslife](http://www.ndsu.edu/reslife) for more information about these options.

- Engineering and Architecture Community - Sevrinson Hall  
(must be majoring in engineering or architecture)
- Pharmacy Community - Thompson Hall  
(must be majoring in pharmacy/pre-pharmacy)
- Arts, Humanities and Social Sciences (AHSS) Community - Pavek Hall  
(must be an AHSS student)
- Wellness Community - Seim Hall  
(additional substance-free contract required; see Web site for details)
- Business Community - location TBD  
(must be majoring in business)

**Accommodations:** If you require accommodations with your room or meal plan due to a documented disability, contact the Disability Services Office, 212 Ceres Hall, Dept 5160, PO Box 6050, Fargo, ND 58108-6050 or phone 701-231-8463 in addition to submitting this License Contract and reservation fee. Requests for accommodations cannot be assured for students applying less than 60 days prior to the beginning of the term for which on-campus accommodations are needed. NDSU will make every effort, however, to provide reasonable accommodations.

I hereby apply for accommodations for the academic year as indicated above. I have read and agree to abide by the **GENERAL CONDITIONS OF THIS LICENSE CONTRACT**, including the final rate schedule as approved by the State Board of Higher Education, and have **included my \$50 reservation fee**.

**I understand that this is a contract for the duration of the 2010-2011 academic year.**

Student \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Parent \_\_\_\_\_  
(Student signature) Month Day Year (Parent signature required if applicant is less than 18 years of age.)

FOR UNIVERSITY USE ONLY			
Student ID# _____	Receipt # _____	Date ____/____/____	
<input type="checkbox"/> Student imported	<input type="checkbox"/> Meal plan set	<input type="checkbox"/> Room request set	<input type="checkbox"/> Roommate preference set