



**ROCKHURST UNIVERSITY RESIDENCE LIFE  
SUMMER STUDENT HOUSING APPLICATION**

Assignment \_\_\_\_\_  
Box # \_\_\_\_\_  
Banner # \_\_\_\_\_

**PLEASE complete entire application and print clearly.**

**Personal Information**

Academic Term  Summer Year 20\_\_\_\_\_

Male  Female

Name \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthday (month, date, year) \_\_\_\_\_

E-mail address \_\_\_\_\_

**Summer Emergency Contact Information**

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

**Disability**

I have a disability-related need that requires special accommodations. I will contact Access Services (816-501-4689) to provide documentation of my disability and request for reasonable accommodation.

**Declining Meal Plan Option -** Please select amount of points in \$100 increments.

Please specify \_\_\_\_\_

**Early Move-In**

Yes. Organization \_\_\_\_\_ Arrival date \_\_\_\_\_

**Payment**

A charge for a double or four-person room will be billed to your student account.

All cancellations must be made in writing by the occupancy applicant. The Assistant Dean of Students will review and determine eligibility. Verbal notifications of cancellations are appreciated, but do not take the place of written notice. Housing refunds will be made for a serious medical injury made to the individual who signed this agreement and must be accompanied with a documentation for a doctor. The decision to refund the individual is made after review of medical documentation.

**Sign and Date**

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

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

*(if applicant is under the age of 18)*

**For office use only**

Date application received \_\_\_\_\_ Housing deposit received \_\_\_\_\_

Student ID Number @ 00 \_\_\_\_\_ Assignment \_\_\_\_\_

Box Number \_\_\_\_\_ Roommate \_\_\_\_\_