

CREIGHTON UNIVERSITY—SUMMER RESIDENCE HALL APPLICATION

Name _____ Net ID _____

Last Name
First Name
Middle Initial

Permanent Address _____

Number and Street
City
State
Zip Code

Home Phone (____) _____ Cell Phone (____) _____ E-Mail _____

Date of Birth _____ Gender _____

Check box by the program for which you are requesting Summer Housing, and proceed to fill out the indicated column:

- | | |
|--|--|
| <input type="checkbox"/> Summer School (column 1) | <input type="checkbox"/> Other: _____ (column 1) |
| <input type="checkbox"/> Medical School (column 1) | <input type="checkbox"/> Christian Spirituality Program (column 2) |
| <input type="checkbox"/> Internships (column 1) Interning at: _____ | |
| <input type="checkbox"/> Intensive English Language Institute (column 1) | |

COLUMN 1 <i>For Summer School, Medical School, IELI, Internships, or Other Approved Summer Stays</i>	COLUMN 2 <i>Christian Spirituality Graduate Students</i>
<p>Your assignment will be in Kenefick Hall. Choose from the rate options below:</p> <p><input type="checkbox"/> Small double - \$22.10/ per night <input type="checkbox"/> Large double - \$23.00/ per night <input type="checkbox"/> Small single - \$32.80/ per night PRIVATE ASSIGNMENTS NOT GUARANTEED</p> <p>Check-In/Out In: _____ Out: _____ <i>Not prior to 5/13/12 No later than 8/10/12</i></p> <p><i>Please inform us if you wish to transfer directly from your spring assignment to summer housing or from summer housing to your fall assignment. Current residents who wish to transition directly from their Spring 2012 housing assignment to summer housing may be asked to move to short-term temporary housing or move before or after 5/13/12. Residents who are continuing in University housing for Fall 2012 may be asked to move to their fall assignment prior to or after 8/10/12.</i></p> <p>Spring 2012 Housing Assignment: Hall: _____ Room: _____ Fall 2012 Housing Assignment: Hall: _____ Room: _____</p> <p>SURVEY FOR ROOMMATE PAIRING: Please check in the box that represents YOU: How tidy are you? <input type="checkbox"/> Untidy <input type="checkbox"/> Casual <input type="checkbox"/> Neat Hours study per week? <input type="checkbox"/> <15 <input type="checkbox"/> 15-25 <input type="checkbox"/> >25 Daily Schedule? <input type="checkbox"/> Morning Person <input type="checkbox"/> Night Owl</p> <p>ROOM RESERVATION DEPOSIT: A NON-REFUNDABLE RESERVATION DEPOSIT OF \$100 IS REQUIRED WITH THIS RESERVATION. This reservation deposit will be returned at the termination of the signed agreement less any applicable charges. A reservation WILL NOT be considered without a reservation fee.</p>	<p>Your assignment will be in McGloin Hall Rate: Private room/2 person suite - \$32.50/ per night <i>No single occupancy suites are available</i></p> <p>Are you staying for: (check the boxes that apply) <input type="checkbox"/> CSP Retreat <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2</p> <p>CSP Retreat Check-In In: _____ <i>Not prior to 5/30/2012</i></p> <p>Term 1 Check-In/Out In: _____ Out: _____ <i>Not prior to 6/09/12 No later than 7/07/12</i></p> <p>Term 2 Check-In/Out In: _____ Out: _____ <i>Not prior to 7/08/12 No later than 8/03/12</i></p> <p>SURVEY FOR ROOMMATE PAIRING: Please check in the box that represents YOU: Are you a first year summer student? <input type="checkbox"/> Yes <input type="checkbox"/> No Daily Schedule? <input type="checkbox"/> Morning Person <input type="checkbox"/> Night Owl</p> <p>ROOM RESERVATION DEPOSIT: Reservation deposit is not required of CSP participants.</p>

Roommate/Suitemate Preference: #1 _____, #2 _____

Special Needs: (medical documentation may be required) _____

Meal Plan Information:

Meal plans are optional during your stay on campus. In lieu of a meal plan, you may wish to add JayBucks to your ID card, and pay for meals as you go. You can also pay cash for meals. Meals offered through the meal plans are for cafeteria dining only. **Selection of a meal plan should be done with careful consideration, as changes of meal plans are only allowed during your first week on campus.**

Meal Plan Start Date: _____ **Meal Plan End Date:** _____

* Meal plans are only available for individuals present on campus for seven consecutive days.

Check the box by the meal plan you choose:

- 10 Meals per week at \$76.50 per week 14 Meals per week at \$90.25 per week 19 Meals per week at \$103.75 per week

For Office Use Only

Date Received: _____	<input type="checkbox"/> Deposit Amt Paid: \$ _____	Rm #: _____
Hall: _____	<input type="checkbox"/> Banner Date: _____	Int: _____

SUMMER RESIDENCE HALL AGREEMENT—SUMMER 2012

This document sets forth the terms and conditions upon which space in residence halls owned by Creighton University (herein called the **UNIVERSITY**) may be occupied by a person (herein called the **RESIDENT**). The UNIVERSITY agrees to provide to the RESIDENT a limited license to use and occupy space in a residence hall subject to the following conditions. Failure of the RESIDENT to meet any of these conditions of residency may result in the cancellation of this agreement by the UNIVERSITY. In addition, violations of the terms and conditions of this Agreement by the RESIDENT may also result in the UNIVERSITY disciplinary action of the RESIDENT where applicable.

CODE OF CONDUCT

All summer RESIDENTS agree to comply with University and residence hall policies as outlined in the Creighton Student Handbook (<http://www2.creighton.edu/studentservices/centerforstudentintegrity/>) Please note that Creighton University is a smoke-free campus, meaning smoking is not allowed anywhere on University property.

LENGTH OF AGREEMENT:

A RESIDENT agrees to reside in the residence halls for the dates indicated in the above Desired Housing Dates. **RESIDENT occupancy in residence halls is allowed beginning at 12 Noon on the arrival date through 12 Noon on the departure date.**

A RESIDENT will be given a Room Inventory Form upon arrival and it is the responsibility of the RESIDENT to review the form and report any facility concerns to the building's reception desk within 24 hours of taking possession of the premises. If the RESIDENT should find the premises at the commencement of the occupancy in a condition not clean and not in good condition, the RESIDENT must make this known on the Room Inventory Form. A RESIDENT agrees to surrender the premises to the UNIVERSITY at the termination of this Agreement in clean and in as good condition as when taken. RESIDENTS assume joint responsibility for damages or alterations to common areas in the residence hall if those parties responsible for the damages or alterations are not found and will be billed for costs to repair and restore these common areas.

ASSIGNMENT AND REASSIGNMENT OF SPACE:

1. To the extent possible, residents will be assigned residence space in accordance with the preference stated on the Application. No guarantee is made, however, that a RESIDENT's assignment preference or specific request will be honored. The RESIDENT agrees to accept and pay for the space assigned by the UNIVERSITY.
2. The UNIVERSITY will not discriminate in room or hall assignment on the basis of race, color, religion, national origin or disability. Requests which are based upon such considerations will not be granted, except for a request for a reasonable accommodation in the case of a qualified student with a disability.

FEES AND PAYMENTS

1. Payment schedules for housing are established and published by the University's Business Office. By signing this Application/Agreement, the RESIDENT agrees to pay to the UNIVERSITY for the fees assessed by the Business Office and Residence Life.
2. Housing fees are posted to the RESIDENT's account if taking a University summer academic course. If not, the RESIDENT will receive a bill from the Department of Residence Life. The RESIDENT agrees to pay such fees in full according to the conditions and time schedules established by the University Business Office and Residence Life.
3. Housing fees will be assessed on a daily basis.
4. A NON-REFUNDABLE RESERVATION DEPOSIT OF \$100.00 IS REQUIRED WITH THIS APPLICATION, with the exception of CSP and Creighton University Long Distance Learning Program students. This deposit will be refunded at the termination of this signed agreement, less applicable charges, or may be posted to the RESIDENT's account. A reservation WILL NOT be considered without a deposit.

RELEASE FROM APPLICATION/AGREEMENT & FINANCIAL OBLIGATIONS ON RELEASE

A RESIDENT who wishes to cancel this Application/Agreement after residency is to begin must submit a written request to cancel to the Associate Vice President for Student Life - Residence Life who has the sole discretion to grant or deny any request to cancel based upon the facts presented to him/her. If approved, the RESIDENT (and his co-signing parent if the student is under 18) will be refunded the remaining portion of the room fee. RESIDENTS, who after occupancy commences (or was to have commenced), vacate the residence space without having obtained approved release from this application, will be held liable for and agree to pay to the University all charges associated with occupancy of the space. This shall be an enforceable obligation of the RESIDENT (and his co-signing parent, if the RESIDENT is under age 18). RESIDENTS who wish to cancel this Application/Agreement before residency is to begin will forfeit their \$100.00 deposit.

APPLICABLE LAW

1. The validity and interpretation of this Application/Agreement, and the capacity of the parties to contract, shall be determined in accordance with the laws of Nebraska, which is the place of making this Application/Agreement.
2. The student must sign and submit this Application/Agreement without alteration. This Agreement does not become an agreement until the UNIVERSITY accepts this Agreement in Omaha, Nebraska, by delivering to RESIDENT, at such city, a confirmation of residence hall services and/or a notification of space or room assignment.
3. This Agreement is not subject to the Nebraska Residential Landlord Tenant Act, because residence in the room/apartment is incidental to the RESIDENT'S attendance as a student or guest of the UNIVERSITY.

I, THE UNDERSIGNED HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO THE TERMS OF THIS SUMMER RESIDENCE HALL AGREEMENT (CONTRACT). I UNDERSTAND THIS AGREEMENT IS BINDING UPON ME FOR THE DATES INDICATED IN THE ABOVE "DESIRED HOUSING DATES". I FURTHER UNDERSTAND THAT I AM RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS UNDER THIS AGREEMENT.

Net ID

Signature of Witness

Print Name

Signature of Parent or Guardian if RESIDENT is under 18

Signature

Date

Return completed application and deposit to:
Department of Residence Life, Creighton University, Swanson Hall 136, Omaha, Nebraska 68178
(402) 280-3900 or Fax (402) 280-1275
summerhousing@creighton.edu