

## OFF CAMPUS STUDIES HOUSING REQUEST

NAME: \_\_\_\_\_

ID# \_\_\_\_\_

EMAIL: \_\_\_\_\_

CLASS STATUS: \_\_\_\_\_

WHEN YOU RETURN

HALL: 1ST CHOICE: \_\_\_\_\_

2ND CHOICE: \_\_\_\_\_

ROOMMATE CHOICE: \_\_\_\_\_

COUNTRY STUDYING IN: \_\_\_\_\_

RETURNING:  FALL  INTERTERM  SPRING YEAR \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_