MONMOUTH COLLEGE
SUMMER HOUSING REQUEST FORM
by Student

Name: __________________________________________________________________ MC ID #: ___________________

Summer housing is available from Wednesday, May 17, 2017 to Wednesday, July 26, 2017. Requests must be received
at least ONE WEEK prior to the requested start date for housing. Housing is limited and on a first come, first served
basis.

Dates Requested: FROM: _____/_____/______ TO: _____/_____/______

There are no single rooms available for summer housing. If a roommate is not requested, one
will be assigned.

Roommate Requested: ____________________________________________________________

Reason for on-campus housing:
________________________________________________________________________________

Cell Phone # ___________________________ Special Needs: _____________________________________________

Your MC student account from the previous school year must be paid in full to be eligible to begin summer housing. Rent
is $90.00 per week (or any part of a week). Payment of the first week of rent is required seven days prior to arrival.
Subsequent rent payments are to be paid one week in advance. Renters with past due summer housing accounts will be
given one week to pay their current balance. If payment is not made, you will no longer be eligible for summer housing
and you will be asked to vacate the room immediately.

The room key must be returned to Student Affairs by 4:00 p.m. on the last day of the agreement. If not returned by this
time, you will be charged a lost key fee of $78.00. The last day for all summer residents to remain in their temporary
summer room is July 26, 2017. After July 26th, students will be allowed to move back into their rooms assigned for the
academic year 2017-18.

Students in summer housing may be moved during the course of their stay. Students are to follow the rules and
regulations in the Student Handbook which is located on the Monmouth College website.

Please email questions on summer housing to Student Affairs at residencelife@monmouthcollege.edu.

Please return the completed form to the Office of Residence Life, Poling Hall

______________________________________________________________________________

Signature Date

____________________________________
Office use only

Date Key Picked up:______________
Date Key Returned:______________
Hall:_________________________
Room:______________________
Waive Fee _______
Reason: ___________________________________________________________