



SUMMER 2008 HOUSING AND DINING SERVICES CONTRACT

IMPORTANT: Carefully read the instructions included with the contract before completing this form. **Contracts are processed by date received.** Please review the terms and conditions of this contract at www.ohio.edu/housing

STUDENT INFORMATION

NAME: _____ PID Number _____

HOME ADDRESS: _____ DOB: _____ GENDER: _____

CITY, STATE, ZIP: _____ E-MAIL: _____

CLASS RANK: F So J Sr G Are you currently residing on campus? Yes No
(Please Circle)

Student Signature _____ Date _____

Parent or Guardian signature if the student is under 18 _____ Date _____

RES. HALL _____ RM # _____
Please Note: This contract is for Summer Sessions ONLY. If you need to complete a 2008 2009 academic year contract, contact the Housing Office at 740.593.4090.

ROOM PREFERENCE AND BOARD PLAN

I WILL ATTEND (please check one)

First Session Only

Second Session Only

Both Sessions

Do you smoke? Yes No

MEAL PLAN CHOICES (please choose one)

10 Meal Plan	\$533 per session	\$ _____
14 Meal Plan	\$617 per session	\$ _____
20 Meal Plan	\$659 per session	\$ _____
*Block 20 Meal Plan (if eligible)	\$140	\$ _____
*Block 10 Plus (if eligible)	\$175	\$ _____
*Room Only (if eligible)	<input type="checkbox"/>	\$ _____

Preferred roommate's name/PID Number _____

Preferred roommate's name/PID Number _____

ROOM CHOICE *(Please rank 1, 2, & 3 in the boxes below)

Triple Room	<input type="checkbox"/>	\$615 per session	\$ _____
Double Room	<input type="checkbox"/>	\$746 per session	\$ _____
Single Room	<input type="checkbox"/>	\$916 per session	\$ _____

*Rank your capacity preferences 1 thru 3 in the boxes above. 1 being your first choice & 3 being your last choice. This ranking will only be used in the event your first choice room selection is not available. Due to limited availability of rooms there is no guarantee of your first choice room selection.

* If you have 90 or more credit hours or six full-time quarters in a residence hall, you can select the Block 20 or Block 10 Plus meal plan option or the room only option. If no selection is made, a 14 meal plan will be assigned.

BOBCAT CASH (minimum \$50.00) optional \$ _____

TOTAL DUE (including Bobcat Cash) \$ _____
Please make checks payable to Ohio University.

This section of your contract is a requirement of Ohio Revised Code Section 3345.85 regarding the meningococcal meningitis and hepatitis B vaccination status of students living in on-campus student housing. By signing this section of the contract, you agree to have read and understood the enclosed vaccination documents and/or visited the web site at <http://www.cdc.gov> and that the following information is true to the best of your knowledge.

Meningococcal Meningitis Status
I have been vaccinated against Meningococcal Meningitis.

No Yes _____
Year received _____

Hepatitis B Status
I have been vaccinated in whole or in part against Hepatitis B.

No Yes Vaccination Dose 1 Date _____
Yes Vaccination Dose 2 Date _____
Yes Vaccination Dose 3 Date _____

Student Signature _____ Parent/Guardian Signature (if student is under 18 years of age) _____

REFUND POLICY AND SCHEDULE

Refunds are made only for students who do not attend or withdraw from Ohio University at the following percentages:
Prior to opening: 100% Through 1st week: 60% Through 2nd week: 40% Through 3rd week: No refund