

**Indiana University of Pennsylvania  
Housing License Agreement  
2019-2020 Academic Year**

Official Use Only – Do Not Complete

\$80 Deposit \_\_\_\_\_

Assignment \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Male  Female

Permanent Street Address: \_\_\_\_\_  
Street Address

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

Permanent Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Month Day Year

Enrollment category:

International Student

**ROOM FEE:** Room fees in suites and residence halls are for each resident per semester and represent our best estimates at the time of printing and subject to change. Each unit is furnished and includes all utilities, cable TV, internet connection per person, telephone hookup and monthly local service charges.

After you have decided whether you want to live in either the Suites, traditional residence hall, or apartment (upperclassmen and graduate students only) check your preferred housing option under the appropriate category.

**SUITES (Putt, Delaney, Maple East, Ruddock, Northern, Wallwork, Suites on Pratt, Stephenson Halls)**

To view floor plans, visit the following web site: [www.iup.edu/housing](http://www.iup.edu/housing)

- Two-Person Shared Semi-Suite - \$4150
- Two-Person Private Semi-Suite - \$4475
- Four-Person Shared Suite - \$4490
- Two-Person Shared Suite - \$4490
- Four-Person Private Suite - \$4735
- Two-Person Private Suite/Private Bath - \$5130
- One-Person Private Studio suite - \$5265

**TRADITIONAL HALL (Whitmyre) Honors college students only**

- Double room - \$3613
- Deluxe double room - \$4400
- Single room - \$ 4541

**DO YOU WISH TO REQUEST A SPECIFIC ROOMMATE?**

No  Yes (Roommate requests must be mutual.) Please note that we cannot guarantee your roommate request will be matched, however we will try our best to accommodate your request. Name of requested roommate(s): \_\_\_\_\_

**ARE YOU A SMOKER?**

- Yes
- No
- No, but it does not matter if my roommate smokes

**SPECIAL CONDITIONS:** Important! Describe here any and all special medical conditions that should be considered in making your room assignment such as mobility problems, allergies to smoke, breathing difficulties, hearing impairment, etc. (Attach additional page or documentation, if needed.)

## DINING PLANS (MANDATORY, PLEASE CHECK ONE)

Note: Rates are our best estimates only at the time of printing and subject to change.

Resident students are required to have one of the following dining plans. Meals provided are for the agreement holder only.

- 19F+ - 19 meals a week plus \$300 in Flex: brunch and dinner on weekends, all 3 meals weekdays - \$1876
- 19F - 19 meals a week plus \$200 in Flex: brunch and dinner on weekends, all 3 meals weekdays - \$1772
- 14F- Any 14 meals a week plus \$300 in Flex. No carry over meals from week to week - \$1790
- 14 - Any 14 meals a week. No carry over meals from week to week - \$1484
- 165F - Any 165 meals a semester plus \$300 in Flex - \$1784
- 10F- Any 10 meals a week plus \$300 in Flex. No carry over meals from week to week - \$1728

Note: Flex portions of meal plans can be used in all campus dining facilities. Unused Flex money is carried from fall to spring but is lost if not used by May 2020

## MENINGITIS POLICY VERIFICATION

The College and University Student Vaccination Act requires that all students receive the vaccination for meningococcal meningitis, or provide documentation stating that the student has chosen to be exempted from receiving the vaccination for religious or other reasons prior to moving into university owned and/or operated housing. Please read the information on meningococcal meningitis accompanying this housing packet which details the risks to college students, as well as the availability and effectiveness of the meningococcal meningitis vaccine and check one of the following:

- I have read the meningococcal meningitis information accompanying this form and have been vaccinated for meningococcal meningitis within the past 3-5 years. This information should also be provided to the Health Service Center.
- I have read the meningococcal meningitis information accompanying this form, but wish to receive the vaccination from the IUP Health Center at the beginning of the semester. My student account will be billed only if I receive the vaccine. When I arrive on campus, information will be posted in my residential facility about the date, time and location of the vaccination clinics.
- I have read the meningococcal meningitis information accompanying this form, but I am making an informed decision not to have the vaccination for religious or personal reasons.

Note: If you are under the age of 18 when completing this on-line application, you must have the consent of your parent or and adult guardian when making your choice concerning the meningococcal meningitis vaccination. If you are currently under the age of 18, please have a parent or guardian sign in the block directly below.

For additional housing information, please visit our web site at [www.iup.edu/housing](http://www.iup.edu/housing)

**IMPORTANT:** Your signature here indicates that you, the student, have read, understand and accept the terms of the *Housing License Agreement and Dining Services Contract for 2019-2020* offered by IUP, and have made an informed choice regarding options pertaining to compliance with the College and University Student Vaccination Act. This license agreement is binding with IUP for both the Fall 2019 and Spring 2020 semesters. Once submitted this agreement cannot be cancelled.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent if student is not 18 years of age: \_\_\_\_\_ Date \_\_\_\_\_