FAMILY APARTMENT RESERVATION SHEET

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION BEFORE YOU SIGN THIS FORM!!

This document represents an addendum to the current Housing Contract you have with OSU Institute of Technology. Please fill out this form carefully to indicate whether you will be living on campus next semester. If you check that you will be living on campus next semester and you move out, DO NOT assume that your contract is automatically terminated or cancelled. If you have ANY questions regarding your contract or the terms of the contract, please come by the Residential Life Office as soon as possible to discuss them.

NAME: _____ CURRENT BLDG./RM #: _____

I plan to live in campus housing for the **Fall Spring Summer** Semester of _____.
(circle one) (year)

☐ **YES:**	☐ **NO:**	☐ **Returning:**
Proceed to questions **below.**	Graduating _____ Withdrawing _____ Moving off _____	Please hold my deposit and reserve a room for me for: **Fall, Spring, Summer** Semester of _____. (circle one) (year) **Proceed** to questions **below.**

YOU WILL BE BILLED FOR THE CHOICES YOU HAVE MARKED – PLEASE READ CAREFULLY!!

My signature below indicates that I have read and understand this document.

Signature _____ **Date** _____

CWID # _____

****Failure to sign and return this form by the due date may result in forfeiture of your space on campus next semester. If your plans change or you have questions, please contact the Residential Life Office immediately by dialing Ext. 5280 or Ext. 4928.

Staff Signature _____ **Date** _____