



**PART II: HOUSING REQUEST INFORMATION**

Purpose for Summer Housing Request:  Registered for Classes  Conference Service Employee  
 Resident Safety Representative  Law Boards  Other: \_\_\_\_\_

Housing Request For:  Summer Session I Only  Summer Session II Only  Summer Session III Only  Entire Summer  
 Housing Preference:  Single  Double  Triple  Quad Specific Room/mate: \_\_\_\_\_  
 Twin Oaks Assigned  Twin Oaks Married  Twin Oaks Family

I understand that summer housing (particularly for Summer Session I) may be limited and that assignments will need to be prioritized accordingly. My signature below signifies that I agree to abide by the Residential Living Agreement and by all rules and regulations established for the residence halls by the Office of Residential Life as outlined in the Living Factor, the Judicial Code and the Guide to Pride.

\_\_\_\_\_  
 Student Signature Date

Submission Date	<b>FOR OFFICE USE ONLY</b>	Submission Time
<input style="width:100%;" type="text"/>	<b>Priority:</b> <input type="checkbox"/>	<b>Assignment:</b> _____

**RATE INFORMATION**

S.S. I*	S.S. II**	S.S. III***	ENTIRE SUMMER+
\$1,426	\$1,426	\$ 856	\$ 4,279 Single
\$1,216	\$1,216	\$ 730	\$ 3,649 Double
\$ 998	\$ 998	\$ 599	\$ 2,993 Triple
\$ 945	\$ 945	\$ 567	\$ 2,835 Quad
\$1,330	\$1,330	\$ 798	\$ 3,990 Twin Oaks Asgnd
\$2,993	\$2,993	\$ 1,796	\$ 8,978 Twin Oaks Marr.
\$3,588	\$3,588	\$ 2,153	\$10,763 Twin Oaks Fam.

Rates for Interim I (May 21-27) and Interim II (August 27- September 2) rates are as follows. **For each session:** Single \$285; Double \$243; Triple \$200; Quad \$189; Twin Oaks Assigned \$266; Twin Oaks Married \$599.; Twin Oaks Family, \$718.

\* Session I move-in day is May 28; move-out day is July 1.

\*\* Session II move-in day is July 2; move-out day is August 5.

\*\*\* Session III move-in day is August 6; move-out day is August 26. Session III residents who do not have an assignment for fall of 2006 are required to check out of their room by August 26.

+ Fall 2006 resident students selecting the "Entire Summer" housing option will be required to move into their fall housing assignments by Sunday, August 27, 2006, at 9 a.m. to allow time for their rooms to be cleaned and for fall residents who are required to return to campus early.

Unless you are staying the entire summer, Interim Housing I is only available to those students who have an assignment for Summer Session I, and Interim Housing II is only available to those students who have an assignment for Summer Session III and a Fall 2006 assignment.

**The Residential Life Office must be notified of all cancellations in writing. Refunds will not be given after the deadline to cancel dates.**

**DATES TO REMEMBER**

**SUMMER SESSION I**  
 HOUSING APPLICATION AND PAYMENT DUE  
 Wednesday, May 10  
 MOVE OVER (SPRING RESIDENTS ONLY)  
 Wednesday, May 24 from 9 a.m.-Noon  
 MOVE-IN TIME  
 Sunday, May 28 from 1-9 p.m.  
 MOVE-OUT TIME  
 Saturday, July 1 from 9 a.m.-Noon  
 CANCELLATION DEADLINES  
 FULL REFUND  
 Friday, May 12

**SUMMER SESSION II**  
 HOUSING APPLICATION AND PAYMENT DUE  
 Wednesday, May 10  
 MOVE-IN TIME  
 Sunday, July 2 from 1-9 p.m.  
 MOVE-OUT TIME  
 Saturday, August 5 from 9 a.m.-Noon  
 CANCELLATION DEADLINES  
 FULL REFUND  
 Friday, June 16

**SUMMER SESSION III**  
 HOUSING APPLICATION AND PAYMENT DUE  
 Wednesday, May 10  
 MOVE-IN TIME  
 Sunday, August 6 from 1-9 p.m.  
 MOVE-OUT TIME  
 Saturday, August 26 from 9 a.m.-Noon  
 CANCELLATION DEADLINES  
 FULL REFUND  
 Friday, July 28

**VISITING /  
 NEW STUDENT  
 REGISTRATION**

**Summer Session Payment Form**

Student Name \_\_\_\_\_  
Please Print

Mailing Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Summer Session Attending:  Session I  Session II  Session III  
Please check all that apply.

Method of Payment:  Check payable to Hofstra University  MasterCard  Visa

Cardholder's Name \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby authorize use of my credit card in the amount of \$ \_\_\_\_\_ for tuition and fees.

\_\_\_\_\_  
 Cardholder's signature Date

HOFSTRA UNIVERSITY Summer Session I Registration Card				06:06
<b>1</b>	NAME - LAST	FIRST	MIDDLE OR FORMER	SOCIAL SECURITY NO. <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE
<b>2</b>	PERMANENT (HOME) ADDRESS (NO. AND STREET)	NY STATE COUNTY	CITY AND STATE	ZIP
<b>3</b>	COLLEGE OR SCHOOL ATTENDING / YEAR OF STUDY	ADDRESS		PHONE (Area _____)
<b>4</b>	PERMANENT (HOME) PHONE (Area _____)	BUSINESS / COLLEGE PHONE (Area _____)	DATE OF BIRTH	SEX
<b>5</b>	MAJOR	DATE OF FIRST ATTENDANCE AT HOFSTRA	MOST RECENT SEMESTER ATTENDED AT HOFSTRA	
<b>6</b>	PLEASE SEND ME AN APPLICATION FOR ADMISSION TO HOFSTRA FOR THE FOLLOWING PROGRAM: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> FULL TIME <input type="checkbox"/> GRADUATE <input type="checkbox"/> TRANSFER <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERNATIONAL PLEASE ENTER COURSE INFORMATION ON BACK OF REGISTRATION CARD.			E-MAIL

HOFSTRA UNIVERSITY Summer Session II Registration Card				06:07
<b>1</b>	NAME - LAST	FIRST	MIDDLE OR FORMER	SOCIAL SECURITY NO. <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE
<b>2</b>	PERMANENT (HOME) ADDRESS (NO. AND STREET)	NY STATE COUNTY	CITY AND STATE	ZIP
<b>3</b>	COLLEGE OR SCHOOL ATTENDING / YEAR OF STUDY	ADDRESS		PHONE (Area _____)
<b>4</b>	PERMANENT (HOME) PHONE (Area _____)	BUSINESS / COLLEGE PHONE (Area _____)	DATE OF BIRTH	SEX
<b>5</b>	MAJOR	DATE OF FIRST ATTENDANCE AT HOFSTRA	MOST RECENT SEMESTER ATTENDED AT HOFSTRA	
<b>6</b>	PLEASE SEND ME AN APPLICATION FOR ADMISSION TO HOFSTRA FOR THE FOLLOWING PROGRAM: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> FULL TIME <input type="checkbox"/> GRADUATE <input type="checkbox"/> TRANSFER <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERNATIONAL PLEASE ENTER COURSE INFORMATION ON BACK OF REGISTRATION CARD.			E-MAIL

HOFSTRA UNIVERSITY Summer Session III Registration Card				06:08
<b>1</b>	NAME - LAST	FIRST	MIDDLE OR FORMER	SOCIAL SECURITY NO. <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE
<b>2</b>	PERMANENT (HOME) ADDRESS (NO. AND STREET)	NY STATE COUNTY	CITY AND STATE	ZIP
<b>3</b>	COLLEGE OR SCHOOL ATTENDING / YEAR OF STUDY	ADDRESS		PHONE (Area _____)
<b>4</b>	PERMANENT (HOME) PHONE (Area _____)	BUSINESS / COLLEGE PHONE (Area _____)	DATE OF BIRTH	SEX
<b>5</b>	MAJOR	DATE OF FIRST ATTENDANCE AT HOFSTRA	MOST RECENT SEMESTER ATTENDED AT HOFSTRA	
<b>6</b>	PLEASE SEND ME AN APPLICATION FOR ADMISSION TO HOFSTRA FOR THE FOLLOWING PROGRAM: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> FULL TIME <input type="checkbox"/> GRADUATE <input type="checkbox"/> TRANSFER <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERNATIONAL PLEASE ENTER COURSE INFORMATION ON BACK OF REGISTRATION CARD.			E-MAIL