

UNIVERSITY OF MARY WASHINGTON

Office of Residence Life

Application for Extended Housing During University Break Periods

Please Print

Name: _____ Banner ID: _____

Hall & Room #: _____ Phone Number: _____

E-Mail Address: _____

Please check the appropriate box:

I am requesting to staying for the entire _____ break.

I am requesting to stay past the posted closing time/date.

Departure date: _____ Time: _____

I am requesting to return before the posted opening time/date.

Arrival date: _____ Time: _____

Please give us a brief reason for your request: _____

I understand that during periods when the university is closed that there will be limited staff available to assist me and that I should contact Campus Police at x777 in the event of an emergency. I also understand that this is outside of the contracted meal plan period and that no meal service will be available.

Student Signature

Date

**** Please make sure you post the Room Occupied sign. ****

For Office Use Only

Date: _____ Approved / Denied Staff Member: _____

- Student notified _____
- Occupied sign provided _____
- Central Office Notified _____

Notes:

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