



2015-16

## Housing & Meal Plan Contract



### Housing and Residence Life

City University of Seattle  
521 Wall Street  
Seattle, WA 98121  
[housing@cityu.edu](mailto:housing@cityu.edu)

**CONTRACT DEADLINES:**

Please select the application period that you wish to be considered. First preference will be given to students who are seeking a full academic year. Partial year slots will be awarded on a first come first served basis and quarterly rates will be applied. If you are admitted after one of the below listed deadlines, contracts are due 10 days after the date of the acceptance letter.

☐ **Full Academic Year 2015/16:** July 1, 2015

☐ **Winter & Spring Quarters 2015/16:** October 1, 2015

☐ **Spring 2015/16:** January 1, 2016

**STUDENT INFORMATION**

Full Name: \_\_\_\_\_ Student ID \_\_\_\_\_  
*Last First M.I.*

Permanent Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: MM/DD/YY \_\_\_\_\_ Gender: \_\_\_\_\_

Program of Study: \_\_\_\_\_

**MEAL PLAN**

Please select one of the following meal plan options. Meal Plan D is only available to students living in residence hall units with a kitchen. If no meal plan is selected, Meal Plan B will automatically be assigned.

Student Selection:		Plans	Academic Year (Oct. – June)	Quarter
Meal Plan A	<input type="checkbox"/>	A	\$3,360	\$1,120
Meal Plan B	<input type="checkbox"/>	B	\$2,700	\$900
Meal Plan C	<input type="checkbox"/>	C	\$2,460	\$820
Meal Plan D	<input type="checkbox"/>	D	\$1,500	\$500

**2015-2016 Meal Plan Rates**

**HOUSING PREFERENCE**

The standard room is a double room; however, there are a limited number of single, doubles with kitchen, and triple rooms available. Please number 1 – 4 in order of preference with 1 being the first choice.

\_\_\_\_\_ *Single Room Double w/kitchen Double Triple*

### EMERGENCY CONTACT INFORMATION

Please list an emergency contact person(s) who is able to make medical decisions on your behalf. Please contact the Housing and Residence Life if you would like to add additional people.

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Primary Emergency Contact (Name)

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Mobile Number

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Home Number

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Work Number

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Relationship to Student

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Email Address

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Secondary Emergency Contact (Name)

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Mobile Number

---

Home Number

---

Work Number

---

Relationship to Student

---

Email Address

### MISSING PERSON CONTACT INFORMATION

Please list the person(s) you would like contacted in the event you are believed to be missing.

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Contact (Name)

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Mobile Number

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Home Number

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Work Number

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Relationship to Student

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Email Address

### MEDICAL CONSENT IF UNDER 18 YEARS OLD

I hereby authorize admission to the hospital in case of emergency and agree that the attending physician may, in case of extreme emergency operate and/or administer the necessary anesthesia if the emergency contact person cannot be contacted. I also grant permission for the transfer of my student to an accredited hospital or other care facility if deemed necessary by the medical or mental health provider for the psychological or psychiatric care deemed necessary to the health and well-being of my student.

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Parent/Legal Guardian Name (print)

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Date:

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Parent/Legal Guardian Signature

## VERIFICATION OF CONTRACT REQUIREMENTS

I agree to remain enrolled in 15 or more undergraduate credits or 6 or more graduate credits for each academic quarter within the period of this contract, and to report to Housing and Residence Life any failure or inability to register for classes on or before the opening of the residence hall for occupancy each quarter.

I understand that my name and email address will be shared with my roommate and/or prospective roommate(s) or residents in the housing assignment process. I may keep my name and email private in the assignment process by contact Housing and Residence Life in writing.

I, the undersigned student, have read and understand this contract and the Housing and Meal Plan Contract Terms and Conditions. Further, I understand that my signature on this contract means that I agree to abide by all terms and conditions set forth in or incorporated in reference into this contract as well as the rules and regulations governing students at City University of Seattle set forth in any published policy or procedure.

Date: \_\_\_\_\_

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

I understand and agree as the parent/legal guardian of the resident, who is not yet 18 years of age, to be bound jointly and severally by the terms and conditions set forth in or incorporated by reference into this contract.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature (required for those students under 18)

## HOUSING PREFERENCES

This information will be used to match roommates. We ask everyone to complete this form personally and honestly. Residents are assigned with same gender roommates unless a gender neutral housing preference form is completed (please contact Housing and Residence Life). We make every effort to honor housing preferences, though no guarantees are implied. Read and Reply to each statement.

Last Name	First Name	Gender
<p><b>1. I am a...</b>  <input type="checkbox"/> Very organized and clean person, cleanliness is a top priority.  <input type="checkbox"/> Pretty tidy person, cleanliness is important but is not my top priority.  <input type="checkbox"/> Sporadic cleaner, cleanliness is a lower priority.  <input type="checkbox"/> Messy person, cleanliness and tidiness are low on my priority list.</p>	<p><b>6. On days w/o obligations, I sleep...</b>  <input type="checkbox"/> No later than 9 a.m.  <input type="checkbox"/> Until 10 a.m.  <input type="checkbox"/> Until 11 a.m.  <input type="checkbox"/> Until 12 p.m. or later.</p>	<p><b>11. On weeknights, I like to go to bed...</b>  <input type="checkbox"/> By 10 p.m.  <input type="checkbox"/> Between 10 p.m. and 11 p.m.  <input type="checkbox"/> Between 11 p.m. and 12 a.m.  <input type="checkbox"/> After 12 a.m.</p>
<p><b>2. Neatness</b>  <input type="checkbox"/> I prefer spaces/rooms that are orderly, neat and clean.  <input type="checkbox"/> I don't mind a bit of occasional clutter. I am okay with untidiness in a space that is not always clean.  <input type="checkbox"/> I like messy spaces that are not clean.</p>	<p><b>7. On weekends, I like to go to bed...</b>  <input type="checkbox"/> By 10 p.m.  <input type="checkbox"/> Between 10 p.m. and 12 a.m.  <input type="checkbox"/> Between 12 a.m. and 2 a.m.  <input type="checkbox"/> After 2 a.m.</p>	<p><b>12. Alcohol</b> (mark all that apply)...  <input type="checkbox"/> I do not drink alcohol.  <input type="checkbox"/> I drink alcohol occasionally.  <input type="checkbox"/> I drink alcohol regularly.  <input type="checkbox"/> I object to living with someone who drinks alcohol.</p>
<p><b>3. When I study...</b>  <input type="checkbox"/> I prefer a room to be quiet.  <input type="checkbox"/> I prefer music, sound or TV.  <input type="checkbox"/> I have no preference for sound.</p>	<p><b>8. Cigarettes</b>  <input type="checkbox"/> I do not smoke.  <input type="checkbox"/> I smoke occasionally.  <input type="checkbox"/> I am a regular smoker.</p>	<p><b>13. Ideally, my room will be...</b>  <input type="checkbox"/> Primarily a place where friends socialize on a daily basis.  <input type="checkbox"/> A place where friends sometimes hang out but I can be alone if I want.  <input type="checkbox"/> Primarily a quiet place to study and sleep.</p>
<p><b>4. When I sleep</b> (mark all that apply)...  <input type="checkbox"/> I sleep without music or sound.  <input type="checkbox"/> I need it dark to sleep.  <input type="checkbox"/> I sleep to music.</p>	<p><b>9. Cigarettes, part 2.</b>  <input type="checkbox"/> I object to living with a smoker.  <input type="checkbox"/> I prefer to live with a smoker.  <input type="checkbox"/> I have no preference.</p>	<p><b>Floor Preference:</b>  <input type="checkbox"/> All female.  <input type="checkbox"/> All male.  <input type="checkbox"/> Mixed floor.  <input type="checkbox"/> I have no preference.</p>
<p><b>5. I plan to have overnight guests...</b>  <input type="checkbox"/> Often.  <input type="checkbox"/> Occasionally.  <input type="checkbox"/> Never.</p>	<p><b>10. I am ok if my roommate has overnight guests in the room...</b>  <input type="checkbox"/> Often.  <input type="checkbox"/> Occasionally.  <input type="checkbox"/> Never.</p>	<p><b>Specific Roommate Request :</b>    Last Name:    First Name:</p>

## HEALTH INFORMATION

City University of Seattle does not provide on-campus health services. All CityU students living in the Residence Hall are required to carry health insurance and are encouraged to speak with their health care and insurance providers about accessing required immunizations.

The University requires the following health information for use in emergency or epidemic situations. **Note: All information provided is maintained privately and shared only on a need to know basis.**

### SELF-REPORTED MEDICAL HISTORY (PLEASE ANSWER ALL QUESTIONS AND N/A IF NOT APPLICABLE)

#### 1. Please check any of the following conditions you currently have or have had previously.

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Arthritis/Rheumatism | <input type="checkbox"/> Depression      | <input type="checkbox"/> Measles      |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Mumps        |
| <input type="checkbox"/> Chicken Pox          | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Clinical Anxiety     | <input type="checkbox"/> Heart Trouble   |                                       |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Hypoglycemia    |                                       |

#### 2. Please identify any allergies below.

- ☐ Food: \_\_\_\_\_
- ☐ Medication: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

#### 3. Please other medical conditions or issues that require ongoing care.

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#### 4. Are you currently taking any prescription medications? ☐ YES ☐ NO *If yes, please specify medication, dosage and frequency as well as any notable side effects.*

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#### 5. Disability Support Services

City University of Seattle endeavors to make its programs accessible to qualified students with disabilities consistent with Federal and State laws. Please contact the Disability Support Services Office at 206.239.4751 or 800.426.5596 ext. 4751 or email [disability@cityu.edu](mailto:disability@cityu.edu) to request information, obtain referrals for testing resources, or to inquire about arranging for housing and/or academic accommodations. Appropriate documentation of one's disability will be required to receive accommodations.

#### 6. Counseling Services

Counseling services are available to provide mental health counseling and/or referrals to student seeking such. All counseling sessions are kept confidential within state and federal laws. Please contact the Counseling Center at 206.239.4760 or 800.426.5596 ext. 4760 to request more information about our services, obtain referrals for other types of mental health care (e.g. psychiatric care), or to inquire about arranging a meeting with a counselor.

## SIGNATURE

I affirm that the information provided is truthful and accurate and I understand that I am also responsible for having a physician complete and submit my resident immunization form, which must also be returned to the University by the established deadline.

Student

Signature: \_\_\_\_\_

Date: \_\_\_\_\_