

Indiana University of Pennsylvania
Office of Housing, Residential Living and Dining

Residence Hall Room Reservation Request
Summer, 2025

Name (print) _____ **Student ID** _____
Last First

Mailing Address _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address _____

Gender: ☐ Female ☐ Male **Date of Birth** _____

Enrollment Category: ☐ IUP Graduate Student ☐ IUP Undergraduate student
 ☐ Other (explain) _____

Dates for which housing is required (check all that apply AND check your class schedule for details):

- ☐ Early Summer Session (May 11 – 31)
☐ Summer Session One (June 1 – July 5)
☐ Summer Session Two (July 6 – August 9)
☐ Other (Please indicate specific dates) _____

Meal Options: All resident students, including workshop participants, are required to take one of the following meal plans. Please indicate your choice. Fees are per week and **are estimates at the time of printing.**

- ☐ 14 meals a week. @ \$99 per week ☐ 10 meals a week @ \$90 per week

Please note – For Summer 2025 dining, lunch and dinner will be the only meal periods available. Breakfast will not be available during the summer semester.

Housing Options: Please rank your choices 1 – 3 (1 = most preferred housing option to 3 = least preferred housing option). Please note that the number of certain suites are limited, and assigned on a first come, first served basis. If your most preferred option is not available, we will look at your second preferred, and so on until we are able to assign you. Layouts of specific suites can be found at www.iup.edu/housing

- _____ 2 person private semi suite - \$300 per week
_____ 2 person private suite with private bath - \$345 per week
_____ 1 person private studio suite - \$355 per week

Note: There will also be a Commons Fee charged to all residential students at the following fee: \$19.00 per week per student.

Please complete back side of this form.

I have read, understand, and accept the terms of the *Housing License Agreement and Dining Services Contract for Summer 2025* and further agree to abide by all reasonable rules IUP may issue.

Signature _____ Date: _____

Roommate data:

☐ I request the following student as a roommate _____

Roommate ID @ _____

The Office of Housing, Residential Living and Dining will try to meet roommate requests however we cannot guarantee that we will be able to meet all requests. If the aforementioned roommate fails to complete a Room Reservation form or fails to request you as a roommate the request will be considered void.

☐ I request that IUP assign me a roommate.

IUP residence halls are smoke-free buildings. We still need to know the smoking habits of each resident. Please check whichever of the following statements best describes your situation.

☐ I am a smoker and understand I can only smoke outside IUP residential facilities.

☐ I am a nonsmoker, and suffer from a smoke-related allergy or illness. **I require a roommate who does not smoke.**

☐ I am a nonsmoker, and I **prefer** a roommate who does **not** smoke.

☐ I am a nonsmoker, but it does not matter if my roommate smokes outside of the residential facility.

Note: If any of this information **changes** it is the Agreement holder's responsibility to notify Housing and Residence Life.

Data Line Connection. IUP provides data lines in student rooms that connect them to the Internet and to IUP's network. If you plan to bring a personal computer, make certain you install anti-virus software (available at www.iup.edu/tsc/mcafee) and all recent updates from windowsupdate.microsoft.com **before coming to campus.**

Special Conditions:

Special conditions, such as mobility impairment, hearing impairment, or others to be considered in making my room assignment are:
