

LINDENWOOD

Housing Application



Lindenwood University Student Occupancy Contract

Deposit/Refund

A residence deposit of \$300.00 must be returned with the signed housing contract to reserve university housing. The university has the right to withhold some or all of the \$300.00 deposit as a result of an improper check out from the university. No refund for room charge fees will be made for a term after a student has signed a housing contract. Board charges will be pro-rated if a full withdrawal from the university is made.

General Housing

- Each resident is expected to complete the check in process at the beginning of each term.
- Each resident is also expected to complete the check out process at the term's end and return the key to the Director of Housing.
- **The assignment of a room for a new student will not be made unless the student has signed his/her Enrollment Financial Aid agreement/award and has paid the \$300.00 housing deposit.**
- This signed application must be received in the Housing Office before a housing assignment will be made.
- To remain in university housing, all resident students must maintain full time status, must register for classes at the designated times, and must be in good academic and financial standing.
- The assignment of rooms will be made at the discretion of the university. No room change may be made without the approval of the Director of Housing. The student agrees that the university may reassign or adjust the occupancy of rooms and may permit other uses of rooms during official recesses. The university will make every attempt to notify the student prior to the use of the room.
- **The university may reassign the room 48 hours after the first day of classes, if the student has not officially checked in or has not made arrangements for a late arrival with the Director of Housing.**
- Each student is liable for any damages to his or her room.
- All university residence furniture must remain in the residence at all times. Removal or damage to university furniture will result in charges made to the student's account. Any additional furniture brought into residence halls must be approved in advance by the Director of Housing, and **MUST** be removed at the end of the spring semester.
- The residence may not be altered in any way (painting, wallpaper, carpet addition or removal, etc.) without the permission of the Director of Housing.
- Food and facilities to be furnished under this contract are for the use of the person to whom this contract is issued. Transfer to any other person is not permitted.
- If a residence key is lost, there will be a \$35.00 charge to replace the key. If it is necessary to replace the lock, there will be a \$100.00 charge.
- **Any student changing his/her housing assignment without prior approval of the Director of Housing, will be assessed a \$250.00 fine.**

Holiday Closings

For security reason, the residence are closed and locked at 4:30 p.m. on the last day of classes before each holiday or break. They will reopen at noon on the day before classes resume. Food service stops after lunch on the last day of classes and resumes at breakfast on the first day of class after the holiday break is over. All residences are closed for Thanksgiving, Christmas break, and Spring/Easter break. These dates are available in the Academic Services office. Failure to leave by the designated time, or returning before the halls reopen may result in charges to the student's account. Special circumstances must be addressed in writing to the Housing Office at least two weeks prior to the date in question. Students approved to remain on campus during these breaks may be required to relocate to other residences. There will be a \$200.00/week room fee charge made to the student's account. The Work and Learn Office will offer opportunities for work to defray room fee charges during these breaks upon request.

Limit of Liability

The university does not assume responsibility for any losses, damages, or personal injury of any sort occurring to persons or private property. Property loss or damage would need to be covered by personal homeowners or rental insurance or other protective policies available to students.

Prompt Payment Required

The student promises to pay promptly at the scheduled time(s). Failure to make prompt payment can result in dismissal from university housing. Students with delinquent accounts will be in jeopardy of losing their housing assignment. Charges will be as stated in the current catalog.

Dismissal from University Housing

Dismissal from university housing for disciplinary reasons does not release the student from his or her financial obligations.



Date Received _____ Deposit Paid _____
 Initial Received _____

**Office Use Only:**Room Assignment _____ Date Assigned _____
Dorm Room**PART 2: Personal Data Sheet**

The Personal Sheet is our way of gathering information we need to better match roommates in the residence hall and apartments. It is important to answer the following questions honestly. All on-campus housing is smoke-free. Housing is assigned by date received and roommate requests **MUST** be made by all potential residents. Requests for room/hall or roommate preference will be honored on a space-available basis. Please print clearly.

Student Name

Male/Female

Phone Number Preferred

Email Address

1) Intended major (s)/minor (s): _____ Sport participating in at LU _____

2) Do you have a specific person you wish to have as a roommate? ____ Yes ____ No

If yes, please print that person's name here: _____

NOTE: The person you name must also write your name on his/her Personal Data Sheet. If the request is not mutual, we will not be able to fulfill it.

3) Are you a smoker? ____ Yes ____ No (All buildings on Lindenwood University are smoke-free)

4) Do you mind having a roommate who smokes? ____ Yes ____ No

5) Would you mind visitors in your room on a regular basis? ____ Yes ____ No

6) How do you prefer to study? _____ Study alone _____ Study with others

7) When I study, I _____ tune out most noises _____ like low background noise _____ require quiet

8) Do you consider yourself a : _____ morning person? _____ night person?

9) On weeknights, I typically go to bed at: _____

10) I am most comfortable in my room when: _____ it is neat _____ clean but cluttered _____ it doesn't matter

11) Previous involvements in hobbies, interests, clubs, organizations and/or extra activities

12) Do you have any physical, medical or behavior/learning issues that may affect your placement? (Any significant health problems that require specific housing arrangements **MUST** be verified by the treating physician and a doctor's note must accompany this application.) _____

13) Of all the questions you have answered, which should we consider as most important to you in making your room assignment?

Question # _____





PART 3: Student Emergency Information

This form is confidential and VITAL in case of an emergency. Please complete all requested information. Duplicates are maintained and kept on file in Campus Security for use during emergencies.

Personal Information:

Student Name: _____ Birth date: _____
Last First M.I.

Home Address: _____

Student ID: _____ Home Phone: (____) _____ Cell: (____) _____

Housing Assignment: _____ Resident _____

Person (s) to notify in case of emergency:

Name _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Email _____

Name _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Email _____

Personal Physician Name: _____ Phone _____

Address _____

Allergies: _____

Medications currently taking: _____

Chronic illness/condition: (Must include Physicians' note) _____

Physical disabilities: _____

Insurance Information

Policy Holder _____ Telephone (____) _____

Insurance Company _____ ID # _____





Permission To Treat

I hereby authorize and give my consent to the health authorities of Lindenwood University and/or their designee for any necessary medical or surgical treatment. This authorization covers immunizations, injections, minor procedures, anesthesia and/or hospitalization in case of serious accident, illness, or injury.

The student is financially responsible for any medical expenses, hospital expenses, and/or treatment by a physician. This applies even when the student is transported in an emergency by Emergency Medical Services or by Lindenwood personnel. Students are strongly urged to carry adequate health insurance.

Signature of Student: _____ Date _____

Signature of Parent or Guardian (if student is younger than 18): _____

Refusal Signature: _____

Proof Of Immunization (Please submit one of the following)

A personal record signed by a health-care giver, physician or clinic report OR a copy of your school immunization record.

Suggested immunizations are:

MMR (2 doses recommended), Tetanus (Booster needed every 10 years), Hepatitis B (3 doses recommended)

Tuberculosis (TB):

If student lived in Asia, Central or Southern America, or Eastern Europe

IMMUNIZATION RECORD

Required Vaccine & Date Given (from school or medical record)

Measles, Mumps, Rubella
MMR

Dose #1:

Dose #2:

Meningococcal:

Conjugate (MCV, Menactra)

Polysaccharide (MSV, Menomune)

Tuberculosis (TB):

If student lived in Asia, Central or Southern America, or Eastern Europe

VACCINE WAIVER

To be completed by the individual (or parent/guardian *for individuals less than 18 years of age) requesting an exemption from the requirement.

For individuals 18 years of age or older:

I am 18 years of age or older. I have received and read the information in the brochure provided by Lindenwood University explaining the risks of meningococcal disease and am aware of the degree of effectiveness and availability of the vaccine. I am aware that meningococcal disease is a rare, but life-threatening illness. I understand that the Lindenwood policy requires that freshmen residing in on-campus housing for the first time be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Lindenwood University, its officers, employees and injury that might result from my decision not to be immunized against meningococcal disease.

Name of Student: _____ Student Signature _____

Date: _____

To the best of my knowledge, the person named above has received the above immunizations.

Signed (physician, nurse, or school health authority): _____

Title: _____ Date: _____





Name: _____
Last First M.I.

Soc. Sec. No: _____

PART 4: Terms and Conditions Agreement of the Housing Contract

I have read, understand and agree to the Terms and Conditions of this contract for room and board rates and deposits and understand this document constitutes a binding agreement for all terms I am enrolled in classes as a full time student. The university has the right to withhold some or all of the initial \$300.00 deposit as a result of an improper check out from the university. The signer is financially obligated for the total amount due to Lindenwood University. The undersigned agrees to accept the terms of this contract as described in the Student Occupancy Contract, and to abide by the rules, regulations and procedures as stated in the Lindenwood University Student Handbook and Catalog. The student acknowledges and agrees that the existing rules may change or be repealed at any time. Changes shall be posted, be enforced and in effect from the date such changes are applied by Lindenwood University.

The undersigned has read and understands the Student Occupancy Contract and acknowledges that this contract shall become legally binding upon the signing date.

Student Name

Student Signature (If 18 or over)

Parent Signature (If student is younger than 18)

**RETURN THIS COMPLETED APPLICATION/AGREEMENT, ALONG WITH CHECK OR
MONEY ORDER FOR \$300.00 TO:**

Lindenwood University
Attention: HOUSING OFFICE
209 S. Kingshighway
St. Charles, MO 63301

Date Received Application:

Date Cancelled:

Room Assignment:



LINDENWOOD

209 S. KINGSHIGHWAY • ST. CHARLES, MO 63301-1695