DICKINSON COLLEGE

2014 SUMMER HOUSING APPLICATION

Summer housing is available on a limited, first-come, first-served basis. Your application **does not** guarantee a space in housing. Those students who are attending summer school or who are working with grant based internships/research assistantships will be housed first. All other students interested in summer housing must have a faculty/departmental contact. Summer housing will only be provided for those students staying on campus at the request of the College.

Housing applications are due to the Campus Life Office by **May 5, 2014**. After that date applications will be considered as they are received. The application may be mailed (Dickinson College – Residence Life & Housing Office, PO Box 1773, Carlisle, PA 17013) or faxed (717-254-8081).

If you receive a housing accommodation due to a disability, it is your responsibility to notify Residence Life & Housing of your needs. We will verify your needs with Disability Services and make your summer housing assignment accordingly. If you don't receive a housing accommodation due to a disability, and you are interested in applying for an accommodation, it is your responsibility to contact Disability Services to go through the application process. New applications should be submitted to Disability Services by March 28, 2014.

Last Name:	First Name:	
Email:		
Home Address:		
Emergency Contact Informat	tion (Name and Phone Number)*:	
Relation of Emergency Conta	act:	
Your Home Phone:	Your Cell Phone:	
*It is your responsibility to in	nform your emergency contact that you have provided their	information.
Reason for Summer Housing	y:	
Summer School Housing	g (Session runs 6/16-7/18; move into housing on 6/15, move	out by 5PM on 7/19)
Please contact Dir	ning Services at (717) 245-1318 for more information about	the meal plan.
, ,	no earlier than June 2 nd (Move-In Date is June 1st) and end no es are available from Student Accounts at (717) 245-1953).	later than August 20 th
Start Date:		
End Date:		

Faculty Contact:		
Department:		
Account Number to Charge:		
Phone:	Email:	
If you would like to be housed with o	ther students doing inter	nships/research in the same acad
department as you, please circle:	YES	NO
and sent to students if you don't indice the sent to students in the sent to stu		-,
		-,
er (please explain)		-,
er (please explain) Start Date:		
er (please explain) Start Date: End Date:		
er (please explain) Start Date: End Date: Please note: If you want a meal plan		
er (please explain) Start Date: End Date: Please note: If you want a meal plan Faculty/Staff Contact:		

Please note: If you want a meal plan please contact Dining Services at (717) 245-1318.