UNIVERSITY of **DUBUQUE**

Housing Area:

Campus Housing Re-Application Form Fall 2014 - Spring 2015 Due to Residence Life by March 7th @ 5pm

Name:	Student ID#		
Class Rank for Fall 2014: Sophomor	e Junior	Senior	
Current Room Assignment:			
Home Address:	State:	Zip Code:	
Home Phone:	Cell Phone:	Email:	
In case of emergency, the University may contact the following person:			
Name:	Relationship:		
Address:	City:	State: Zip Code:	
Phone: Work P	hone:	Cell Phone:	
Please indicate your 2014-2015 Housing preference below.			
Roommate Preference:			
Building/Area Preference:			
Residency Policy The University of Dubuque is a residential campus. Our residency policy states that all students having earned less than 90 credits will reside in campus housing units, space permitting, unless they meet one of the following criteria: • Married and living with a spouse • Have and living with a child/children or legal dependent • Living with and commuting daily from the home of an immediate relative (parent, grandparent, sibling, legal guardian) within 50 miles of Dubuque • Extenuating circumstances (please explain) If you would like to seek an exemption from this policy for any reason, including those mentioned, you are asked to complete an exemption form that you can obtain from the Office of Residence Life. Your request will be reviewed by the Residence Life Appeals Board and a written response will be forwarded to you. Students			
discovered to be living off-campus without written approval will be required to provide documentation that proves compliance with the policy. Students who do not comply with this policy may be charged applicable housing fees for on campus housing. Having read this application, I understand the above guidelines as stated.			
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Signature of Applicant:		Date:	
For Office Use Only: Fall 2014-Spring 2015 Room Assignment			

Apt/Room: _____ Roommate(s): _____