



CENTRAL WASHINGTON UNIVERSITY

FOR OFFICE USE:

# ROOM AND BOARD CONTRACT 2007-2008

University Housing and New Student Programs, 400 East University Way, Ellensburg, WA 98926-7513 • 888-298-4663

**INSTRUCTIONS:** Complete, detach and return this form with a \$255 combined fee (\$55 admissions confirmation fee and \$200 housing contract deposit) in the enclosed envelope. Contracts **CANNOT** be processed without this form on file and the \$200 deposit. GUARANTEED housing for fall quarter is offered to **freshmen** students who return their room and board contract and \$255 combined fee before June. This contract is contingent upon academic admission to Central Washington University and maintenance of enrolled status with a minimum of seven quarter hours. When signed by the student, this contract becomes a legal and binding contract. Hereafter, you, the applicant and future student, will be referred to as the "student," and Central Washington University will be referred to as the "university." Refer to terms and conditions of room and board contract. All residence halls are smoke-free. Assignment of space by the University constitutes final acceptance of the terms and conditions of the contract.

PLEASE PRINT

Name \_\_\_\_\_ Student Identification Number \_\_\_\_\_  
LAST FIRST M.I.

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Daytime Telephone # (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
MONTH / DAY / YEAR

Permanent Address \_\_\_\_\_ Permanent Telephone # (\_\_\_\_\_) \_\_\_\_\_  
STREET/ROUTE/BOX #  
CITY STATE ZIP CODE

In an emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_  
STREET/ROUTE/BOX #  
CITY STATE ZIP CODE

**Have you ever been convicted of a crime?**  Yes  No If yes, please explain. \_\_\_\_\_

New student at Central?  Yes  No If no, last quarter in CWU residence halls was: \_\_\_\_\_ quarter, 20\_\_\_\_.

University class standing at time of application:  Freshman  Sophomore  Junior  Senior  Graduate

I will attend Central beginning:  A. Fall quarter  B. Winter quarter  C. Spring quarter

**DINING SERVICES OPTIONS:** If you have dietary needs that may not be met by our dining service operations, do NOT enter into this contract without consulting with University Housing and New Student Programs.

I am requesting the following Dining MEAL PLAN (Check one. Freshmen must choose option 1, 2, 3 or 4)

Plan 1 - Athletic (XL)  Plan 2 - Large  Plan 3 - Medium  Plan 4 - Small

**Anderson and Wahle** - Choose one of the meal plans above OR

Plan 5 - Freedom Plus — Dedicated Dining Dollars (Start each quarter with a \$250 deposit.)

**TERM OF CONTRACT:** For specific dates, please refer to section 1 of the Terms and Conditions of the Contract.

Academic-year contract  12-month contract

### LIVING AND LEARNING COMMUNITIES/THEME HOUSE (LLC/TH):

**STEP 1:** TO APPLY to reside in a Living and Learning Community/Theme House, complete the following three steps and indicate the LLC/TH for which you are applying.

**STEP 2:** ALL STUDENTS requesting to live in an LLC/TH are required to complete an additional application that will be mailed upon receipt of the room and board contract. Provide your contact information including your e-mail address.

**STEP 3:** ALL STUDENTS requesting to live in an LLC/TH are required to choose one.

- |   |   |
|---|---|
| <input type="checkbox"/> Music                                  | <input type="checkbox"/> Douglas Honors College                             |
| <input type="checkbox"/> Experiencing American Culture          | <input type="checkbox"/> Leadership House                                   |
| <input type="checkbox"/> Aviation                               | <input type="checkbox"/> Outdoor Experience Theme House                     |
| <input type="checkbox"/> Education                              | <input type="checkbox"/> Female Experience Theme House: All female students |
| <input type="checkbox"/> Science Talent Enhanced Program (STEP) | <input type="checkbox"/> Casa Latina  |
| <input type="checkbox"/> International House: All students      |   |

**STEP 4:** MY INTEREST in residing in an LLC/TH takes priority over any other residence hall placement request.  YES  NO

The signature below acknowledges that the applicant for a Living Learning Community/Theme House agrees to be an active member of the community by participating in one to two out-of-classroom enrichment activities per month.

Signature \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**AMERICANS WITH DISABILITIES ACT REQUESTS:** It is the student's responsibility to make his/her needs for accommodations known to the University by registering with Disability Support Services. Indicate any disabilities that might affect access to a residence hall and/or dining plan. Do you have a disability that:

- affects your mobility?     affects your hearing?     requires a wheelchair?     affects your vision?     requires dietary restrictions?

If yes, please explain. \_\_\_\_\_

Other \_\_\_\_\_

Please list any medical conditions to be considered when making assignments (i.e., heart condition, diabetes, severe allergies, asthma)

**TYPE OF ROOM REQUESTED:** The room type will be a primary determining factor in the assignment process. If suites and single rooms are unavailable, you will be assigned into a standard shared room with a roommate.

- Room with a roommate  
 Single room without a roommate. If single rooms are unavailable, you will be assigned a roommate and placed on a waiting list for this option.  
 Single gender hall or floor. Green is an all female hall and theme house. Please see residence hall information on pages 12-15 for residence halls with single gender floors.  
 Two, three or four person suites.

**ROOMMATE PREFERENCE:** All roommates must request one another and student ID number must be included.

Roommate preference (name) \_\_\_\_\_ Roommate's student ID number \_\_\_\_\_

Roommate preference (name) \_\_\_\_\_ Roommate's student ID number \_\_\_\_\_

I do not have a roommate preference.

I am especially interested in having an international roommate. If yes, are you interested in the International House?  Yes  No

**RESIDENCE HALL OPTIONS:** Please number in order of area preference. Sophomore and above students may choose from all areas. For residence hall information, please read pages 12-15. For residence hall locations, refer to map on page 23. Rates vary based on type of room.

- \_\_\_\_\_ **NORTH CAMPUS — FRESHMEN**  
Al-Monty (Substance Free)  
Carmody-Munro (Substance Free)  
Green (Substance Free and Female Only)  
Kennedy (Leadership House and Substance Free)

- \_\_\_\_\_ **CENTRAL CAMPUS — FRESHMEN**  
Beck (Substance Free)  
Davies (Substance Free)  
Hitchcock (Substance Free)  
Kamola  
Meisner (Substance Free)  
North (Substance Free)  
Quigley (Substance Free)  
Sparks (Substance Free)

- \_\_\_\_\_ **CENTRAL CAMPUS, SUITES — FRESHMEN**  
Anderson  
Barto (B Wing or C Wing and Substance Free)  
Munson (Substance Free)

- \_\_\_\_\_ **SOPHOMORE AND ABOVE RESIDENCE HALLS**  
Anderson (12-month contract)  
Barto (A Wing, Three-Person Suites)  
Kamola  
Moore (Three-Person Suites)  
Munson (Three-Person Suites)  
Stephens/Whitney (Three-Person Suites)  
Sue Lombard (Two-Person Suites and Large Singles)  
Wahle (Three-Person Suites)  
Wilson (Large Single Rooms)

**SIGNATURE OF AGREEMENT:**

The signature below acknowledges that the applicant has read, understands, and accepts all the terms and conditions of the Housing and Dining Services Room and Board Contract. This also acknowledges that the applicant has read, understands and agrees to abide by all substance-free regulations as stated in the housing policies. Violation of these policies may result in disciplinary action up to and including eviction from the residence halls. This agreement is for the entire academic year or that portion remaining at time of admission. When accepted for admission by the University, the Student agrees to abide by the University rules and regulations and by the terms and conditions of the Room and Board Contract.

Signature \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

If you are under the age of 18 at the time of signature you must have a parent/guardian signature.

Parent/Guardian Signature \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

FOR OFFICE USE:

RA1 \_\_\_\_\_ RA2 \_\_\_\_\_ RA3 \_\_\_\_\_

Received by \_\_\_\_\_ Entered by \_\_\_\_\_ Assigned by \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_



CENTRAL WASHINGTON UNIVERSITY

# STUDENT IMMUNIZATION AND HEALTH REQUIREMENTS FORM

CWU Health and Counseling Center • 400 East University Way • Ellensburg WA 98926-7585 • 509-963-1881

Central Washington University requires certain immunizations prior to enrollment to help protect your health and the health of all our students. Please read and complete the following information.

## REQUIRED IMMUNIZATIONS

MMR (Mumps, Measles, Rubella) — only for students born after 12/31/56. Requires two immunizations  
DT (Diphtheria, Tetanus) Requires last booster dose within the past ten years

You have a right to refuse the required immunizations based on religious, personal or medical reasons. If you are claiming an exemption to the required immunizations, please check the appropriate box below. **In the event of a suspected case of mumps, measles, rubella or diphtheria on campus, those students who have exempted and have not received these immunizations may be prevented from access to classes, residence halls, labs, and other CWU facilities. CWU will not provide refunds for tuition and room for the period of exclusion.** If you choose to obtain the required immunization at that time, you may be excluded for a two-week period to verify that you were not exposed to the disease prior to obtaining the immunization.

## RECOMMENDED IMMUNIZATIONS

CWU encourages all students to additionally obtain:  
Hepatitis B — Recommend series of three immunizations  
Polio — Recommend series of at least three immunizations  
Human Papillomavirus (HPV) — Recommended series of three immunizations

Tuberculosis has been of increasing concern in the United States. We recommend that you see your health care provider for symptoms of persistent cough or fever prior to coming to CWU or to see the Student Health Center if you have these symptoms while at CWU. You may need a skin test and/or a chest x-ray.

## MENINGOCOCCAL MENINGITIS VACCINE

Meningococcal meningitis is the leading cause of life threatening meningitis in young adults in the U.S. It can strike up to 3000 people each year with up to 300 deaths. College students account for 75 - 125 cases and 7 - 15 deaths/year. The infection is spread by air droplets like the flu. It can have the same flu-like symptoms but can rapidly progress to shock or death in hours. Freshman living in residence halls have a much higher risk of this disease than other university students.

In January 2005 a new, improved vaccine, Menactra, was licensed for prevention of meningococcal meningitis. The Center for Disease Control with the Advisory Committee on Immunization Practices recommended in May 2005 that university freshman living in residence halls be immunized with this vaccine. Other students who want to decrease their risk may also be vaccinated. Those who may particularly benefit from the vaccine are those infected with the HIV virus or who have had a splenectomy.

Students may contact their personal health care provider or make an appointment at the CWU Student Health Center (509/963-1881) to receive the vaccine.

## CWU IMMUNIZATION FORM

Please complete and return the following form with your Room and Board Contract to CWU, using the attached envelope.

Name \_\_\_\_\_ Student identification # \_\_\_\_\_  
(Please print) Last First MI

Date of birth \_\_\_\_\_  
Month / Day / Year

MMR #1 \_\_\_\_\_ #2 \_\_\_\_\_ DT \_\_\_\_\_  
Date Date Most Recent Booster Dose

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
Date Date Date

I wish to be exempted from immunizations for the following reason:  Religious basis  Personal/philosophical basis  Medical basis

I hereby acknowledge that the above is complete and accurate and that Central Washington University maintains the right to require documentation of these immunizations if requested. I also understand that the CWU Student Health Center may have access to this information within the Health Center's policies of confidentiality.

Signature of Student (Parent/Guardian if Minor)

Date

Name \_\_\_\_\_ (please print clearly)  
Last \_\_\_\_\_  
First \_\_\_\_\_  
MI \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Month / Day / Year