



CENTRAL WASHINGTON UNIVERSITY

FOR OFFICE USE:

# ROOM AND BOARD CONTRACT 2009-2010

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 self-addressed 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 see section 15 in the Terms and Conditions of the contract for all nonrefundable housing cancellations.**

PLEASE PRINT

Name \_\_\_\_\_ CWU Student Identification # \_\_\_\_\_  
LAST FIRST M.I.

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

Permanent Address \_\_\_\_\_ Permanent Telephone # (\_\_\_\_) \_\_\_\_\_  
STREET/ROUTE/BOX #

\_\_\_\_\_ Cell Telephone # (\_\_\_\_) \_\_\_\_\_  
CITY STATE ZIP CODE

In an emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
STREET/ROUTE/BOX #

\_\_\_\_\_ Cell Telephone # (\_\_\_\_) \_\_\_\_\_  
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

*\*Regardless of class standing, Running Start students are required to live on campus.*

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 or CWU Dining Services (509-963-1585).

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. (*\*Must be accepted in the academic program.*)

- |  |   |
|--|---|
| <input type="checkbox"/> Music                                   | <input type="checkbox"/> Douglas Honors College*                            |
| <input type="checkbox"/> Students for the Dream                  | <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       | <input type="checkbox"/> Asia Pacific Islander American House               |

**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 ACCOMMODATION REQUESTS: Students with disabilities who require housing/dining accommodations or exceptions to housing/dining policy **must** make their needs known to University Housing in a timely manner and **must** register with CWU's Center for Disability Services (CDS). Do you have a disability that:

- affects your mobility    affects your hearing    affects your vision    requires the use of a wheelchair/scooter    requires dietary restrictions  
 other: \_\_\_\_\_

Please explain how you are affected: \_\_\_\_\_

In addition to diagnosed disabilities, please list any medical conditions to be considered when making assignments (i.e., heart conditions, diabetes, severe allergies, asthma, etc.) \_\_\_\_\_

**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:** Roommates must request one another, list CWU student identification numbers, and send applications together.

- 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 10-14. For residence hall locations, refer to map on page 15. Rates vary based on type of room.

**NORTH CAMPUS — FRESHMEN**

Al-Monty (Substance Free)  
Carmody-Munro (Substance Free)  
Green (Substance Free, Female Only)  
Kennedy (Leadership House, Substance Free)

**CENTRAL AND SOUTH CAMPUS — FRESHMEN**

Beck (Substance Free)  
Davies (Substance Free)  
Hitchcock (Substance Free)  
Kamola  
Meisner (Substance Free)  
North (Substance Free, Large Single Rooms)  
Quigley (Substance Free)  
Sparks (Substance Free)

**RENOVATED AND NEW FACILITIES ARE AT A PREMIUM RATE.**

**SUITES — FRESHMEN**

Anderson (Central Campus)  
Barto (Substance Free, Two-person Suites)  
Munson (Substance Free, South Campus)  
New Residence Hall (North Campus)

**SOPHOMORE AND ABOVE RESIDENCE HALLS**

Anderson (Twelve-month contract)  
Barto (Two-person Suites)  
Kamola  
Moore (Three-person Suites)  
Munson (Two-person Suites)  
Stephens/Whitney (Three-person Suites)  
Student Village South  
Sue Lombard (Two-person Suites, Large Singles)  
Wahle (Two-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 _____        |



# 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 (Measles, Mumps, Rubella)** — only for students born after 12/31/56. Recommended two doses of combined MMR vaccine.

**Tdap/Td** — Primary series in childhood, booster at age 11-12 years, then every ten years. CDC now recommends one booster of the Tdap after the primary series.

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

**Hepatitis B** — Recommend series of three doses of vaccine given over six months.

**Varicella (chickenpox)** — Primary series of two doses given in childhood, or to college students without history of the disease or without age appropriate immunization.

### 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.

**HPV (Gardasil)** — Vaccine is recommended for girls and women ages 11-26 years of age. Series of three vaccine doses given over a six month period.

**Hepatitis A** — Primary series of two doses given over a six month period.

**Polio** — Primary series in childhood; a booster is only if needed for travel after the age of 18 years.

**Pneumococcal (Pneumonia)** — Usually given in one dose in early childhood, or if not given in early childhood may be given prior to college entry.

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.

Students may contact their personal health care provider or make an appointment at the CWU Student Health Center (509-963-1881) for more information about the various vaccines. The CWU Health Center offers several of the vaccines at reduced costs for students.

## 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 \_\_\_\_\_ Td/Tdap \_\_\_\_\_  
Month / Day / Year Most Recent Booster Dose

MMR #1 \_\_\_\_\_ #2 \_\_\_\_\_ Varicella #1 \_\_\_\_\_ #2 \_\_\_\_\_  
Date Date Date Date

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

Hepatitis A #1 \_\_\_\_\_ #2 \_\_\_\_\_ Meningococcal Vaccine \_\_\_\_\_  
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