

Complete and return to the Housing Office two (2) weeks prior to intended stay.

Last Name	First Name	MI
McKee Hall Aggie Suites	Room Number	
PO Box or Street Address	Home Phone Num	ber
City State Zip	Cell Phone Numbe	er
Dates for extended stay:		
	_	
Reason for need for extended stay:		
Emargangy Contact Information		
Emergency Contact Information:		
Name	Relation	onship
Home Phone Number	Cell Phone Numbe	er
Extended Stay Housing		
Students requiring housing over vacation	period when the campus is closed m	nust sign and submit this application
weeks prior to intended stay. Food servi	_	-
follow all rules outlined in the Student Ha I have read and understand the Extended Stay r		
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Signature of Applicant	Date	
Bot	tom Portions for Approving Offices O	Only
Approved Not A	Approved	
Director of Resident Life	Vice President of S	Student Affairs