

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 Numb	ber
City State Zip	Cell Phone Number	r
Dates for extended stay:		
	_	
Reason for need for extended stay:		
Emargangy Contact Information		
Emergency Contact Information:		
Name	Relatio	onship
Home Phone Number	Cell Phone Number	r
Extended Stay Housing		
Students requiring housing over vacatio	n period when the campus is closed m	ust sign and submit this application
weeks prior to intended stay. Food serv	_	_
follow all rules outlined in the Student H I have read and understand the Extended Stay		-
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Signature of Applicant	Date	
Во	ttom Portions for Approving Offices O	nly
Approved Not	Approved	
Director of Resident Life	Vice President of S	tudent Affairs