APPLICATION AND CONTRACT FOR RESIDENTIAL HOUSING AND MEALS

WESTERN OKLAHOMA STATE COLLEGE
2801 North Main
Altus, Oklahoma 73521

(Acceptance of this contract and assignment to a Residence Hall do not constitute acceptance to the College)

Application Received	
Deposit	$
Date Received	
Receipt #	

CONTRACT PERIODS:

Fall _____ Year Spring _____ Year Summer _____ Year Other _____ From - To

PERSONAL INFORMATION: ☐ Male ☐ Female

Name: _____
(Please print)

Birthdate:(mm/dd/yy)_____ Social Security Number _____

Address (Home) _____
(Street)

City_____State_____Zip Code_____Telephone Number_____

Circle one: Freshman Sophomore Other:_____
Do you have any special needs that should be considered in assigning you housing? Yes_____ No_____

If "yes", please explain:_____
Have you ever been convicted of a felony? Yes_____ No_____

If "yes", please explain:_____

HOUSING

When you apply for college housing, a $50.00 damage deposit fee is required. Please do not mail cash. The fee MUST accompany this application. Residents may move from the residence hall only upon approval of the Residence Hall Supervisor. **Cancellations must be received by the Friday before classes begin** in order to receive a refund of the deposit. Prices listed below are subject to change. (NOTE: The $50.00 damage deposit fee will be held towards any damage incurred by resident. This fee is refundable once cleared by the Residential Hall Supervisor at the end of the contract period.)

	FALL	SPRING	SUMMER
SEMI-PRIVATE ROOM WITH 15 MEALS PER WEEK*	$1875.00	$1875.00	$400.00

*Intersession, contact WOSC Business Office for pricing.

*Meals are provided to all student residents Monday through Friday. No refund will be made for meals not eaten. Meals are non transferable. Students are expected to abide by the rules and regulations of the dining room. Please note that meals are served during class sessions but do not include holiday, Spring/Fall break. No meals will be provided during the summer session.

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I understand and accept all terms and conditions listed on the front and back of this application form. I have read this contract and accept this plan for the full contract period and agree to pay the full amount for room and food service.
(Please read other side before signing.)

Signature of Applicant_____Age_____Date_____

*NOTE: Actual room reservation and assignments are made based on dated receipt of application and fee. This is only an application for a room reservation. The college cannot guarantee your first choice of residence hall rooms, or roommates, but requests will be honored when possible. The college reserves the right to place all students. You will be assigned a specific room and room number on the first day residence halls open.

ROOMMATE ASSIGNMENT DATA

Roommates will be assigned and applicants will be notified of assigned roommates.

A. I request the following roommate:

Name_____ Telephone Number_____

Address_____

B. Are you planning to compete in intercollegiate athletics at Western? Yes_____ No_____

If "yes", what sport(s)?_____

C. Academic Major_____ Hobbies_____

Intramural Sports_____ Cold Natured_____ Hot Natured_____

High School Attended_____ Morning Person_____ Night Person_____

High School Activities_____ Study Alone_____ With Others_____

Additional Information_____

(PLEASE NOTE: Western's residential facility is SMOKE FREE.)

TERMS OF CONTRACT BETWEEN STUDENT AND COLLEGE:

1. Contract: This contract for college lodging and meals is for an academic semester (fall, spring or summer) and is binding, non-cancelable and non-transferable if you attend Western Oklahoma State College.

2. Conditions: The College reserves the right to refund payments, to refuse assignment to any applicant, and to make all decisions as to room assignment. Requests for cancellation must be made before the first day of the first month of the term for which housing has been requested. A student may move from the residence hall only through clearance from the Residence Hall Supervisor and Dean of Academic and Student Support Services.

3. Forfeiture: Housing contracts are binding for the entire contract period; and once you receive a hall assignment, you are obligated to live in college housing for the remainder of that current contract period. Students who fail to fulfill their contracts are expected to pay for the full semester unless exceptions or adjustments are approved by the Dean of Academic and Student Support Services. The Dean of Academic and Student Support Services reserves the right to assess a $50.00 contract breakage fee for students who wish to break their housing contracts and move off campus.

4. Payment: Full payment for the term is due and payable two weeks prior to the first day of occupancy each term. A Deferred Payment Plan (installment payments) is also available – contact the WOSC Business Office for details (580) 477-7730. No refunds or adjustments will be made to the current term of contracted residency and meal plan.

5. Occupancy: Rooms must be vacated within 24 hours after the closing of the term. No deductions are made for weekend absences or holidays. Students who wish to reside in the residence halls between semesters will be required to pay $10.00 per night and no visitors will be allowed during this time.

6. Care of Rooms: Students must furnish their own linen, towels, and take care of their laundry and cleaning. STUDENTS ARE REQUIRED TO KEEP THEIR ROOMS CLEAN AND IN GOOD CONDITION. Rooms should be locked at all times when occupant is not in the room. A $100.00 fee is charged for a room key that is not returned and a $25.00 fee is charged for a mailbox key that is not returned. Damage to rooms or furnishings will be assessed from the deposit, and the room occupants will be charged for any excess by the college Business Office. Failure to pay for damages will result in the student's transcript being withheld from release and possible disciplinary action being administered. The college reserves the right to enter rooms for maintenance inspection or other valid reasons.

7. Housing Regulations: At the beginning of and throughout the semester, all residence hall residents must be enrolled at least half time as students at Western Oklahoma State College and must be in compliance with Oklahoma statutes Title 70 Sec. 3242 (Certification of Meningococcal Compliance). Non-students will not be allowed to stay in campus housing. Printed regulations and house policies will be given to each resident upon occupancy or request. All students are expected to abide by the rules and regulations. Violators are subject to removal from the residential facility and, if appropriate, the college.

AFFIRMATIVE ACTION COMPLIANCE STATEMENT

This institution in compliance with Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, and other federal laws and regulations does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.

Information that will need to be provided upon entry of the Residential Hall:

_____ Certification of Meningococcal Compliance

_____ Vehicle Information

_____ Student Medical Information

_____ Residential Handbook Acceptance

In Compliance with Oklahoma Statutes, Title 70 §3243

Certification of Meningococcal Compliance

Oklahoma Statutes, Title 70 §3243, requires that all students who are first time enrollees in any public or private postsecondary educational institution in this state and who reside in on-campus student housing shall be vaccinated against meningococcal disease. Institutions of higher education must provide the student or the student's parents or other legal representative detailed information on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine.

The statute permits the student or, if the student is a minor, the student's parent or other legal representative, to sign a written waiver stating that the student has received and reviewed the information provided on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine, and has chosen not to be or not to have the student vaccinated.

Student's Name: _____

Institution: _____

Birth date: _____ Term/Year of first enrollment: _____

Social Security Number or Student ID: _____

1) **I have received and reviewed detailed information on the risks associated with meningococcal disease, and**
2) **I have received and reviewed information on the availability and effectiveness of any vaccine (against meningococcal disease), and**
3) **I have been vaccinated or I choose not to be vaccinated* against meningococcal disease.**

Signature: _____ Date: _____

When student is under 18 years of age, the following must also be completed:

As the parent, guardian or other legal representative, I certify that the student named above is a minor and that I have received and reviewed the information provided and that I have chosen not to have the student vaccinated against meningococcal disease.

Signature: _____ Date: _____

*With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless _____, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningitis.

WESTERN OKLAHOMA STATE COLLEGE
Residential Life & Student Housing
Student Medical Information

The information requested below is to be kept by the Housing Director. This form will not become a part of your official records. The purpose of requesting information is to allow the Director and medical personnel to be of help to you in case of an emergency.

PLEASE PRINT

Name: _____
Last First Middle Social Security #

Address: _____
Street & No. City State Zip

Emergency contact: _____
Name

_____
Relationship to student City State Phone

Parent Phone: _____ Your Age: _____ Your Date of Birth: _____

Family Physician's Name: _____ Phone: _____

Blood Type if known: _____ Do you have insurance: _____

_____
Group No. Policy No.

Allergies: _____

_____

Are you presently being treated for any illness? _____

_____

Are you taking any medication? _____

_____

In the event of illness or accident on campus, I authorize a representative of Western Oklahoma State College to secure for me the medical attention deemed appropriate by the circumstances and to give the information provided to appropriate hospital/medical personnel.

_____
Signature Date

_____
Parent or Guardian Signature Date

Residential Handbook

Acceptance Form

I _____ have received the official Western
(Print Name)
Oklahoma State College Residential Life Handbook. I understand that I am responsible for knowing the content of this handbook. I will abide by all policies and regulations in this handbook, including but not limited to, tobacco, alcohol, drugs, and harassment. I understand that if ANY rules are violated, fines, penalties and possible expulsion could be assessed accordingly.

_____
Date

_____ _____
Student Signature Room Number

_____ _____
Social Security Number Date of Birth

Please initial beside each one that you have turned in:

_____ Vehicle Information

_____ Student Medical Information