SOUTHEASTERN OKLAHOMA STATE UNIVERSITY
RESIDENCE HALL CONTRACT
SEE TERMS & CONDITIONS FOR DETAILS ON THIS CONTRACT

Please print in **black** ink & fill in **all** areas

Student's Name (Last, First, Middle)	E-mail address	Social Security Number	Citizen of (Country)

Permanent Mailing Address	City	State	Zip	Phone Number
				( )

Birthdate			Age	Sex	What is your student ID#?	Emergency Contact Name and Phone Number
Mo	Day	Year		❑ Male ❑ Female		

****THIS IS A CONTRACT FOR A SPACE IN CAMPUS HOUSING, NOT A SPECIFIC BUILDING, COMMUNITY OR ROOMMATE.****

Contract Terms: ☐ **Academic Year (Fall & Spring)** ***** Minimum required contract for all first time freshmen students
*Students graduating in December must cancel their contract **by 12/1** in order to avoid additional charges.

☐ Full Year (Fall, Spring, **AND Summer**) ☐ Spring Only ☐ Spring & Summer ☐ Summer Only (SHS Only)

Contract Year: (Please write the term and year you plan to move into the residence hall. Ex. Fall '11): _____

SCHOLARSHIP RECIPIENTS – Please write the name of your scholarship here: _____

FINANCIAL RESPONSIBILITY / FINANCIAL AID / SCHOLARSHIPS:

If your financial assistance is greater than your tuition, fees and books, the balance will be applied to your semester room and board charges. Any questions concerning the use of financial aid or scholarships must be addressed and approved by the payment due date (6 business days prior to the first day of classes.) **The University reserves the right to automatically apply any applicable financial aid funds remaining after tuition, fees and books to your housing contract balance.** If this amount is insufficient to cover your total contract**, it is your responsibility to ensure that your account is current and paid in full**. Failure of the University to automatically apply available aid does not relieve you of financial responsibility; it is ultimately the responsibility of the resident to ensure that room and meal plan charges have been paid.

Failure to satisfy the financial obligations accrued under this contract will result in denial of permission to enroll and/or issuance of transcripts, pursuant to SE rules and regulations governing the imposition of these sanctions. Failure to meet financial obligations may result in a student being denied access to his/her living accommodations and termination of this contract. Upon failure to satisfy the financial obligations accrued under this contract, the student/lessee agrees to pay an additional 33.33% of the principal due at the time of default, representing the reasonable collection costs incurred by the University, along with and independent of any additional court costs and attorney fees, should legal action have to be taken.

NOTE: My signature below indicates that:

- **I understand that this is a legally binding contract and that this document constitutes my agreement to meet all specified terms, conditions and obligations.**
- **I understand that this is a contract for a room on campus and for a campus meal plan.**
- **I have received a copy of the Terms & Conditions Statement of the Residence Hall and Food Services Contract.**
- **I understand that the Terms & Conditions Statement includes payment deadlines and cancellation information.**
- **I understand that my failure to meet financial obligations may result in being denied access to my living accommodations and/or termination of my housing contract.**
- **I understand that I must cancel this contract in writing, should I decide not to live on campus (and that my contract will not be automatically cancelled if I do not attend SE during the specified contract term.)**
- Furthermore, in compliance with Oklahoma Statutes (Title 70 s3243), I have received and reviewed detailed information on the risks associated with meningococcal disease, and I have received and reviewed information on the availability and effectiveness of any vaccine against meningococcal disease, and I have been vaccinated or I choose not to be vaccinated* against meningococcal disease. (*With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Southeastern Oklahoma State University, 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.)

Signed_____ Date_____

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

I certify that the student named above is a minor and that I have received, reviewed and agree to meet all specified terms, conditions and obligation of this contract, and that I have received & reviewed the information provided on the risks associated with meningococcal disease and the availability and effectiveness of any vaccine against meningococcal disease, and that I certify that the student has been vaccinated or I have chosen not to have the student vaccinated against meningococcal disease.

Signed_____ Date_____
(Signature of Parent/Guardian/Other legal representative is required)

FOR BUSINESS SERVICES OFFICE ONLY: Returning resident? No ( ) Yes ( ) deposit balance?_____

Amount Received: _____ Cash ( ) Check ( ) Credit Card ( ) Money Order ( )

Receipt Number_____ Date_____ Processed by:_____.
Comments: