Complete this form on your PC & print or print form out & complete (please print)

PLEASE SIGN APPROPRIATE SECTION BEFORE MAILING

THE UNIVERSITY OF IOWA

University Housing—2009-10 Change/Cancel Request Form

University Housing
4141 Burge Hall
Iowa City, IA 52242-1214
FAX 319/335-2979

Name _____
Last First M.I.

University ID# (required) _____ ○ Male ○ Female

Request to Change Preferences

Priority of Preferences (with #1 being most important)

_____ Special Interest _____ Residence Hall _____ Room Type _____ Roommate (if applicable)

Building (indicate 1st, 2nd, 3rd, 4th choice)

_____ Hillcrest
_____ Quadrangle
_____ Rienow
_____ Slater
_____ Parklawn
_____ Burge
_____ Currier
_____ Daum
_____ Stanley
_____ Mayflower

Meal Plans (all applicants must choose one)

○ Traditional 20 (excluding Sunday evening meal)
○ Any 14 meals per week
○ Any 10 meals per week

If I am assigned to Mayflower Hall or Parklawn, I would like the 5 meals per week plan ☐ yes

Room Type (indicate 1st, 2nd, 3rd, 4th choice)
All plans include 200 Hawkeye Dollars per year

WITHOUT AIRCONDITIONING

_____ Single
_____ Single with bath
_____ Double
_____ Double with bath
_____ Triple
_____ Quad

WITH AIRCONDITIONING

_____ Single
_____ Single with bath
_____ Single w/shared bath
_____ Single w/shared bath & kitchen
_____ Double
_____ Double with bath
_____ Double w/shared bath
_____ Double with bath & kitchen
_____ Double w/shared bath & kitchen
_____ Triple
_____ Triple with bath
_____ Suite for 3 (bath & kitchen)
_____ Suite for 4 (bath & kitchen)

Roommate Request (please print clearly)

Add	Delete	Last name, first name, middle initial	Student ID # (required)
○	○	1. _____	_____
○	○	2. _____	_____
○	○	3. _____	_____

Signature (REQUIRED)—Changes Only

_____ Signature _____ Date

Request To Cancel Housing

☐ I wish to cancel my housing application for the 2009-10 academic year for the following reason:

○ I have found off-campus housing.
○ I will be living in a fraternity or sorority.
○ I will not be attending the University of Iowa.

_____ Signature (REQUIRED)—Cancel Only _____ Date

RESET