



OFFICE OF RESIDENCE LIFE
OVERNIGHT GUEST VISITATION APPLICATION
PLEASE PRINT CLEARLY

HOST NAME _____ DATE OF APPLICATION _____

HOST BUILDING AND ROOM _____ HOST CONTACT # _____

GUEST NAME _____ ID ISSUE & NUMBER _____

GUEST ADDRESS _____ EMERG. CONTACT NAME _____

GUEST D.O.B _____ EMERG. CONTACT NUMBER _____

CAR MAKE _____ CAR COLOR _____

CAR MODEL _____ CAR YEAR _____

CAR LICENSE PLATE NUMBER _____

DATE OF VISIT FROM _____ TO _____

TIME OF ARRIVAL _____ DEPARTURE _____

NAME OF SUITEMATES/ROOMMATES SIGNATURE OF SUITEMATES/ROOMMATES

Blank lines for listing names and signatures of suitemates/roommates.

HOST SIGNATURE _____ DATE _____

NOTE: ALL APPLICATIONS MUST BE SUBMITTED TO THE OFFICE OF RESIDENCE LIFE AT LEAST 24 HOURS PRIOR TO THE GUESTS ARRIVAL. FOR WEEKEND VISITS, THIS APPLICATION MUST BE SUBMITTED BY 12PM NOON ON THE FRIDAY BEFORE THE PROPOSED VISIT.

THE MAXIMUM AMOUNT OF TIME A GUEST IS ALLOWED TO STAY IN THE HALLS IS THREE (3) CONSECUTIVE NIGHTS, MAX OF 6 NIGHTS PER MONTH. 1 OVERNIGHT GUEST PER RESIDENT. ONLY SAME SEX OVERNIGHT GUESTS ARE PERMITTED.

NO OVERNIGHT GUESTS ARE PERMITTED DURING EXAM PERIODS.

FOR OFFICE USE ONLY

DATE RECEIVED _____ DATE APPROVED _____

ADMINISTRATOR SIGNATURE _____