C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

Application for On-Campus Housing for Students

Ougations? -C	all Dagidon	o lifo et 1	(F16) 200 020	e or	BURSAR STAMP		
Questions? C	all Residend -mail reside	ncelife@cw	(516) 299-232 post.liu.edu	o or	Deposit		
Applying for:	O Fall	O Spring	Year		Waiver		
U.S. \$300 hou					Initials		
Make check or money of Please place check and				ffice.	J		
NAME (please print)		(Last)		(First)	(Middle initial)		
HOME ADDRESS:							
City	State/	Province	Country	ZIP/Postal C	ode		
HOME TELEPHONE							
E-MAIL ADDRESS							
I AM A: Returnin	g Student 🔲 N	lew Freshman	☐ Transfer ☐ N	lew Graduate Stude	ent		
PARENT'S NAME: _							
PARENT'S WORK NU	JMBER: () _						
EMERGENCY CONTA	CT OTHER THAN PARENT: RELATIONSHIP:						
EMERGENCY CONTA	ACT PHONE: ()					
own health insurance may semester deadline date to To waive the charge, lo Student Center Home	waive this charge. avoid being billed fo g into your MyLIU Page. FAILURE T	This is a time-sens r University-spons J account at ww O COMPLY WI	itive responsibility. Stude sored health insurance. w.liu.edu and click on TH THE WAIVER PI	ents must complete th the "Student Healt! ROVISIONS ON T	nt. Students who have their ne waiver on or before the h Insurance" link from the TIME AND MEET THE TSPONSORED HEALTH		
theft, vandalism, water, br	eakage or otherwise.	Parking and use of	of vehicles on University	premises is at the stud	icles, lost or damaged by fire, dent's own risk. The University e Office of Residence Life).		
CANCELLATIONS: Students who cancel after cancellations must be sul	er occupancy are eli	gible for a room 1	efunded as listed below				
Withdrawals During	Fall/Spring	Summer	Withdrawals Duri				
1st Calendar Week 2nd Calendar Week	90% 75%	60% 25%	3rd Calendar Wee 4th Calendar Wee				
I understand and agree to	comply with all ter	ms, conditions, re	gulations and responsibil	ities as described in t	ugh Long Island University, he C.W. Post Ethos Statement er University publications.		
Student's Signature	:			I	Date		
Parent's Signature:				Ι	Date		
Parent's Signature:		(if student is und	er 18 years old)				
		OFF	ICE USE ONLY				
Date Received			Staff Signature				
Room Assignment		Mail B	OX #	Date A	Assigned		

C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

PIONEER LIVING PLAN OPTIONS: Please select the plan of your choice

I prefer a roommate who studies with TV/music.

All resident students are required to participate in the University Meal Plan. If you do not select one now, Pioneer Living Plan 1 will be automatically billed to your Bursar account. Meal plan balances are non-refundable and non-transferable and must be used before the end of the semester. Meal Plan changes must be made in writing to the Office of Residence Life PRIOR to the start of the Spring semester. All students with 30 credits or less are required to select Pioneer Living Plan 1.

 □ PIONEER LIVING PLAN 1 This plan provides students with our seven day Carte Blanche Continuous Dining Serv membership allows you unlimited access to Winnick Student Center's dining hall when PIONEER LIVING PLAN 2	ever it y and p the wee meal pe Dining of your	is oper ourchas ekday a er day o Dollars meal i	n. se some snacks, and some snacks. on Campus and s work on s subtracted from			
ROOM PREFERENCE: Please answer the following questions to help us make the	he hes	t blace	ement tossible			
Room assignments are made on a space available basis, and our ability to accommodate your preyou submit your application. Please note these are preferences only. We will make every effort however we cannot guarantee that all requests will be granted. All students are therefore encour applications and deposits by the May 1 deadline for the Fall semester and January 1 for the Sadvised there are no single occupancy rooms available. Residence Halls are generally co-ed; floor female. All residence halls on the C.W. Post Campus are smoke-free. Please contact the Office rates at 1(516) 299-2326 or ResidenceLife@cwpost.liu.edu.	eference to accoraged to pring sorts are u	es depe ommod o subm emeste isually	nds on the date late your request; it their er. Please be designated male			
□ STANDARD HOUSING: Two, three or four residents per room; corridor-style residence hall. Residents of each wing (corridor) share a large common bathroom. □ SUITE-STYLE HOUSING: Suites consist of three or four bedrooms, a shared living room and shared bathroom facility. □ TEN-MONTH HOUSING: Appropriate for all students who need housing during break period. Please note that there is an additional charge to reside in the hall during the break periods. □ INTENSIFIED STUDY HOUSING: Quiet hours in effect 24 hours a day, 7 days a week in this residence hall.						
ROOMMATE REQUEST: If you have a roommate preference, please complete the following. Roommate preferences can only be considered if both individuals are C.W. Post students and each student indicates his/her desire to live together. Roommate requests must be the same gender.						
	Yes	No	No Preference			
I do not have any roommate requests. I am an athlete on the team and prefer to live with a teammate. I am enrolled in the Honors program and prefer to live with someone in the Honors program. I am enrolled in the HEOP program and prefer to live with someone in the HEOP program. I prefer a roommate who is a non-smoker. I prefer a roommate who is a smoker. I prefer a roommate who is neat/organized.						
I prefer a roommate who is quiet/reserved. I prefer a roommate who is outgoing/social. I prefer a roommate who is an early riser. I prefer a roommate who goes to bed before 12 a.m. I prefer a roommate who goes to bed after 12 a.m. I prefer a roommate who studies in silence.						