SINGLE ROOM AGREEMENT

Check all that apply. □ Fall ________ (year)
□ Spring ________ (year)

By requesting that a double room be assigned to me as a single room, I agree to the conditions listed below:

1. For each semester I live in a single room, I will be charged the double rate of_________, plus the single premium of _________, for a total of _________.

2. I will be the sole occupant of the room except as in compliance with the College's overnight guest or visitation policies.

3. I understand that the single room will contain furnishings appropriate to the standard double set-up and that those furnishings are to remain in the room.

4. Cancellation by Resident Prior to Certification Date
   
a. I may cancel this agreement without financial penalty if I notify the Department of Residence Life & Housing in writing by May 30th before the Fall semester indicated above, or January 1st before the Spring semester indicated above. If I request to cancel this agreement beyond this date I will be charged (one half of the applicable semester single premium). (NOTE: Termination due to withdrawal from Oswego State University will not result in single cancellation policy).

   b. I understand that cancellation of this single room agreement becomes effective only after I have been reassigned and have relocated (if applicable) to a double room with a vacancy, and that I may be required to move to a different residence hall from that of my single assignment.

5. Cancellation by College

Single accommodations are offered by the college based upon availability of space to do so; therefore, the college reserves the right to cancel this agreement to respond to campus residence hall space or facility requirements.

Student Name (PRINT) __________________________ Student Signature __________________________ Date ________________

Student ID# __________________________ Hall # __________________________ Room # __________________________

Housing Office (PRINT) __________________________ Housing Office Signature __________________________ Date __________________________