



BRANDEIS UNIVERSITY
2009 SUMMER SCHOOL PROGRAM
Mid-Year Program On-Campus Housing Application

Name _____

Date of Birth _____

Social Security #: _____

Gender: Female Male

Where can we reach you in the two weeks prior to occupancy?

Address _____

E-mail _____ Phone _____

Person to notify in case of emergency while in residence _____

Address & phone of emergency contact (if different from address above) _____

Important Information We Need from You:

1) Proximity to Smokers - While smoking is not permitted within University Residence Halls, proximity to habitual smokers can trigger allergies in sensitive individuals. Please provide your preference regarding proximity to smokers:

Non-smoking neighbors

Smoking neighbors acceptable / preferred

2) Meal Plan Choice - Participation in a meal plan is mandatory. You will be required to complete a meal plan application before your housing application will be processed. Please indicate below for planning purposes your preference for meal quantity (A) and meal type (B):

A) Housing and any-14 Meals Per Week Plan - \$1685

B) Standard Menu

Housing and 21 Meals Per Week Plan - \$1935

Kosher (Possible surcharge applicable)

Special Dietary Considerations _____

3) Additional Considerations in Making Your Housing Assignment: _____

Submit this form along with your payment for Housing and Dining to:

**Summer School MS 085
Brandeis University
PO Box 549110
Waltham, MA 02454-9110**

by June 19, 2008 for Summer Session II.

Checks may be made payable to "Brandeis University"



BRANDEIS UNIVERSITY SUMMER SCHOOL

THIS IS A LEGAL CONTRACT – PLEASE READ THOROUGHLY

APPLICATION TO PURCHASE SUMMER MID-YEAR PROGRAM MEAL PLAN 2009

Student Name	Social Security #	Date of Birth
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Home Address	Street	City, State	Zip Code
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The above named student agrees to purchase a Summer Mid-Year Program Meal Plan with full understanding of the following:

1. The rights and value of the Summer Mid-Year Program Meal Plan are not transferable to others.
2. The Summer Mid-Year Program Meal Plan is non-refundable.
3. This contract is valid beginning with dinner on Sunday, July 5, 2009 and ending with lunch on Friday, August 7, 2009.
4. This meal plan may only be used in the Sherman Dining Hall unless otherwise directed by Dining Services.

PLEASE CHECK ONE:

_____ 21 MEALS PER WEEK

_____ 14 MEALS PER WEEK

PLEASE CHECK ONE:

KOSHER _____

NON KOSHER _____

I have read the above rules and agree to the terms and conditions listed above and to any subsequent revisions authorized by the University. I also understand I must abide by the terms, rules, and regulations as outlined in the Student Guide to Brandeis Dining Services and any other regulations as stipulated by Dining Services. I understand that if I am under age 18, this license must be signed by my parent or legal guardian as guarantor, who will then, as guarantor, be fully liable for fulfilling the obligation of the license.

Signature

Date

Guarantor's Signature (if under 18)

Date

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