Winter to Summer Session 2019 Transition Period and Storage Request Form
April 27 to May 5, 2019
FORM SUBMISSION DEADLINE: MARCH 29, 2019

Name: ___________________________________  Student number: ___________________________________

Current House ID: ________________________  Cell phone: ________________________________

TRANSITION PERIOD STAY
From April 27 to May 5, all residence spaces will be vacated and prepared for the Summer 2019 session. Current residents who are registered for the Summer 2019 session beginning on Sunday, May 5 are eligible to stay during the Transition Period for a fee of $200.00.

Registering for the Transition Period means that you will remain in your current space until Student Housing & Residence Life notifies you via email 24-48 hours in advance of your move over time to your Summer 2019 space during the Transition Period. Registering means you agree to move to your new suite within the specified time period emailed to you and will keep the unit clean for your housemates that move in on May 6. Failure to move on time and maintain the cleanliness of the unit will result in additional charges to your ACORN account.

TEMPORARY STORAGE
Storage is available free of charge to registered Summer residents if you plan to vacate residence between semesters but wish to store some items. A community lounge in Foley Hall will be temporarily converted to a locked storage room, accessible only through a key signed out from SHRL. Be advised that SHRL is not responsible for personal items stored in the lounges. All items must be removed from the lounge by May 5 at 5:00pm. If you are returning after May 5 at 5:00pm, you are not eligible to use this storage.

Please check the appropriate box below:

☐ I request to register for the Transition Period (April 27- May 5) at a cost of $200.00 charged to my ACORN account.

OR

☐ I will vacate residence during the Transition Period but will store my belongings during the transition period.

Signing and submitting this form indicates that you have read, understood, and agreed to the terms listed on this form.

_________________________________________  ____________________________
Signature of Resident                      Date

Office use only
Approved: _____________________  Date: _______________  Fee: __________  Staff initials: ______________________