

## Summer Guest Housing/meal Plan application



### Center for Continuing Studies

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Do not write in this box  
ID# \_\_\_\_\_

### Section I: Personal Information (please type or print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State Zip: \_\_\_\_\_

Phone/Day: \_\_\_\_\_ Phone/Evening: \_\_\_\_\_

Voice  VP

Voice  VP

Email Address: \_\_\_\_\_

Sex:  M  F Hearing Status:  Deaf  Hard-of-Hearing  Hearing Birthdate: \_\_\_\_\_

MM/DD/YYYY

### Section II: Requested Accommodations

**Dorm Housing:** You may not check in and out of the dorms weekends during the duration of your stay and you will be responsible to cover any days in which you elect to reside off-campus during this period. .

Are you an incoming Fall 2017 student? Yes  No

I am requesting on campus accommodations from: \_\_\_\_\_ to \_\_\_\_\_

(check-in date)

(check-out date)

\$37/double occupancy (per person) per night x \_\_\_\_\_ nights = \$\_\_\_\_\_  \$48/single occupancy per night x \_\_\_\_\_ nights = \$\_\_\_\_\_

\$13/linens (required) = \$\_\_\_\_\_

Name of preferred roommate: \_\_\_\_\_

**Meal Plan:** On-campus residents are required to have one of the meal plans listed below. Please select a meal plan that starts on the day your class begins.

Meal Plan: \_\_\_\_\_ to \_\_\_\_\_  
(start date) (end date)

\$23.35 breakfast/lunch x \_\_\_\_\_ days = \$\_\_\_\_\_

\$29.45 lunch/dinner x \_\_\_\_\_ days = \$\_\_\_\_\_

\$38.90 three meals/day x \_\_\_\_\_ days = \$\_\_\_\_\_

**TOTAL** = \_\_\_\_\_ (housing and/or meal plan)

State any physical conditions or dietary restrictions that require special accommodations:

\_\_\_\_\_

\_\_\_\_\_

**Section III: Payment**

Please sign and submit this Guest Housing/Meal Plan Application and ensure payment to Summer Programs. You will receive confirmation of your request via email.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_