

South Carolina State University Housing Application (Summer 2009)

Present this card to the Office of Student Housing		PLEASE PRINT THIS INFORMATION. (Use Ink)	
Please check Category which applies to you:	DO NOT WRITE BELOW. FOR OFFICIAL USE ONLY	Name _____ <i>Last</i> <i>First</i> <i>Middle</i>	
	APPLICATION FOR RESIDENCE	Male _____ Female _____ Campus Wide ID# _____	
() Graduate () Undergraduate () Special Program	SUMMER 2009	Home Address _____ <i>Street or Rte. No.</i>	
	Received of _____ <i>Student's Name</i>	_____ City/Town _____ State _____ Zip Code _____	
() Session I () Session II	Date: _____	Area Code () Telephone _____	
	By: _____ Special Notations: _____ _____	PLEASE INDICATE WEEK(S) OF ATTENDANCE	
	Dormitory _____	Housing Board	Housing Board
	Room Number _____	1 week () \$ 148.50 \$ 74.25	6 weeks () \$ 891.00 \$ 445.50
	Receipt No. _____	2 weeks () \$ 297.00 \$ 148.50	7 weeks () \$ 1039.50 \$ 519.75
	Total Charges _____	3 weeks () \$ 445.50 \$ 222.75	8 weeks () \$ 1,188.00 \$ 594.00
		4 weeks () \$ 594.00 \$ 297.00	9 weeks () \$ 1,336.50 \$ 668.25
		5 weeks () \$ 742.50 \$ 371.25	10 weeks () \$ 1,485.00 \$ 742.50
		FEES ARE SUBJECT TO CHANGE	

South Carolina State University Vehicle Parking Registration Form

Vehicle Parking Registration

Vehicle Information

Title: _____ Name: _____	Make of Vehicle: _____ Model: _____
Address: _____	Year _____ State _____ Color _____ Doors _____
City _____ State _____ Zip _____	Plate# _____ Plate Decal Yr: _____
Home Phone: (_____) _____	VIN _____
On Campus Phone: (_____) _____	Registered Owner: _____
SSN or ID# _____	Registered Owner Contact #: (_____) _____
	Driver's Signature: _____
	Date: _____ Payment Receipt # _____

Office Only	
Permit# Assigned: _____	Exp. Date: _____
Permit# Assigned: _____	Exp. Date: _____
Student: _____	Faculty/Staff: _____
Vendor: _____	Handicap: _____