SOUTHEASTERN OKLAHOMA STATE UNIVERSITY
RESIDENCE HALL AGREEMENT

SEE TERMS & CONDITIONS FOR DETAILS ON THIS AGREEMENT

Please print in black ink & fill in all areas

PLEASE USE THIS FORM ONLY IF STUDENT IS UNDER 18. ALL OTHERS, PLEASE USE ON-LINE APPLICATION

**THIS IS A AGREEMENT FOR A SPACE IN CAMPUS HOUSING, NOT A SPECIFIC BUILDING, COMMUNITY OR ROOMMATE.**

**Agreement Terms:**
- ☐ Academic Year (Fall & Spring) *Minimum required agreement for all first time freshmen students
- ☐ Spring Only
- ☐ Summer Only (SHS Only)

**Agreement Year:** (Please write the term and year you plan to move into the residence hall. Ex. Fall ’14): ______________________

**SCHOLARSHIP RECIPIENTS** – Please write the name of your scholarship here: __________________________

**FINANCIAL RESPONSIBILITY / FINANCIAL AID / SCHOLARSHIPS:**
If your financial assistance is greater than your tuition, fees and books, the balance will be applied to your semester room and board charges. Any questions concerning the use of financial aid or scholarships must be addressed and approved by the payment due date (8/1 for the fall, 12/1 for spring, & 5/1 for summer.) The University reserves the right to automatically apply any applicable financial aid funds remaining after tuition, fees and books to your housing account balance. If this amount is insufficient to cover your total balance, it is your responsibility to ensure that your account is current and paid in full. Failure of the University to automatically apply available aid does not relieve you of financial responsibility; it is ultimately the responsibility of the resident to ensure that room and meal plan charges have been paid.

Failure to satisfy the financial obligations accrued under this agreement will result in denial of permission to enroll and/or issuance of transcripts, pursuant to SE rules and regulations governing the imposition of these sanctions. Failure to meet financial obligations may result in a student being denied access to his/her living accommodations and termination of this agreement. Upon failure to satisfy the financial obligations accrued under this agreement, the student/lessee agrees to pay an additional 33.33% of the principal due at the time of default, representing the reasonable collection costs incurred by the University, along with and independent of any additional court costs and attorney fees, should legal action have to be taken.

**NOTE:** My signature below indicates that:

- I understand that this is a legally binding agreement and that this document constitutes my agreement to meet all specified terms, conditions and obligations.
- I understand that this is a agreement for a room on campus and for a campus meal plan.
- I have received a copy of the Terms & Conditions Statement of the Residence Hall Agreement.
- I understand that the Terms & Conditions Statement includes payment deadlines and cancellation information.
- I understand that my failure to meet financial obligations may result in being denied access to my living accommodations and/or termination of my housing agreement.
- I understand that I must cancel this agreement in writing, should I decide not to live on campus (and that my agreement will not be automatically cancelled if I do not attend SE during the specified agreement term.)
- Furthermore, in compliance with Oklahoma Statutes (Title 70 §3243), I have received and reviewed detailed information on the risks associated with meningococcal disease, and I have received and reviewed information on the availability and effectiveness of any vaccine against meningococcal disease, and I have been vaccinated or I choose not to be vaccinated* against meningococcal disease. (*With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Southeastern Oklahoma State University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized.)

Signed __________________________ Date __________________________

When the student is under 18 years of age, the following must also be completed:
I certify that the student named above is a minor and that I have received, reviewed and agree to meet all specified terms, conditions and obligation of this agreement, and that I have received & reviewed the information provided on the risks associated with meningococcal disease and the availability and effectiveness of any vaccine against meningococcal disease, and that I certify that the student has been vaccinated or I have chosen not to have the student vaccinated against meningococcal disease.

Signed __________________________ Date __________________________

(Signature of Parent/Guardian/Other legal representative is required)

FOR BUSINESS SERVICES OFFICE ONLY:
Returning resident? No ( ) Yes ( ) deposit balance? ______________

Amount Received: ______________ Method of Payment: ______________ Receipt Number ______________ Date ______________

Processed by: __________________________