

HARTWICK COLLEGE
OFFICE OF RESIDENTIAL LIFE & HOUSING
Fraternity/Sorority Housing Application

NAME: _____ CLASS YEAR: _____

ID#: _____ DATE OF BIRTH: _____ BOX #: _____

CELLPHONE #: _____

Term applying to begin off-campus residency: FALL JTERM SPRING

GREEK ORGANIZATION: _____

GREEK HOUSE ADDRESS: _____

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(if under the age of 21)

Chapter Presidents Signature: _____ Date: _____

Are you interested in purchasing a Hartwick College meal plan? If yes, please choose:

___ unlimited meals per week

___ 150 block per semester

___ 50 block per semester

___ 10 meals per week

___ 14 meals per week

___ 75 block per semester

For Office Use Only

Date Received: _____

Request: Approved/Denied

Explanation (if any): _____

If approved, residence agreement will be terminated effective: _____

Res. Life & Housing Staff Signature: _____

Greek Advisor Signature: _____