



# Master of Education Summer 2012 Housing Form

## GRADUATE PROGRAMS CEDARVILLE UNIVERSITY

*Inspiring today's professionals, tomorrow's leaders*

### I. Personal Information

Name _____	_____	_____	_____
	Last	First	Middle
Address _____	_____		_____
	Street Address	P.O. Box	
_____	_____	_____	_____
	City	State	Zip Country (if not USA)
E-mail address _____	Phone (_____) _____		

### II. Housing Request

Cedarville University offers housing in single occupancy rooms on campus during summer graduate classes for \$100.00 per week. All rooms are fully furnished and include a networked computer. A phone will be provided if requested. Please bring your own pillow, towels, and linens for a standard single bed.

**Housing dates:** Identify the dates for which you are requesting housing (check all that apply).

- ☐ June 11-20 (EDA-6560)
- ☐ June 11-22 (EDU-6000, EDU-7200)
- ☐ June 11-29 (EDU-6250)
- ☐ July 9-18 (EDA-7300)
- ☐ July 9-20 (ECS-7100, EDU-6050, EDU-6200, EDU-6300)

**Arrival information:** Indicate your arrival date and time (check all that apply).

- ☐ I plan to arrive on the day that class begins.
- ☐ I plan to arrive on the day before class begins.
  - June 10 from ☐ 3-5 p.m. **or** ☐ 8-9:30 p.m.
  - July 8 from ☐ 3-5 p.m. **or** ☐ 8-9:30 p.m.

Students unable to arrive at the dates and times listed above should contact the student life office at 937-766-7872 or Kirsten Gibbs at [gibbsk@cedarville.edu](mailto:gibbsk@cedarville.edu) to make alternative arrangements.

### III. Medical Insurance

**All graduate students staying in campus housing and/or international graduate students attending classes at Cedarville University must provide proof of health insurance valid for services in the United States.** Students must submit a copy of both sides of their insurance card with this housing application. Both international students and U.S. citizens who do not have health insurance may purchase insurance through Cedarville University. Any questions can be directed to Kirsten Gibbs at [gibbsk@cedarville.edu](mailto:gibbsk@cedarville.edu) or 937-766-7872, or you may visit [www.cedarville.edu/gradinsurance](http://www.cedarville.edu/gradinsurance) for additional information.

- ☐ A copy of both sides of my medical insurance card is submitted with this application.
- ☐ I am an international student or a student without insurance. I need to purchase insurance.

#### International students only:

Passport number \_\_\_\_\_ Issuing country \_\_\_\_\_