

HOUSING & RESIDENCE LIFE APPLICATION Short-Term & Summer Housing

Name:	EOU ID#:	
Email:	Daytime Phone:	
Address:	City/State/Zip:	
DOB:	_ □Male □Female □Non-binary	□Non-smoker □Smoker
Special Request (If any):		
Physical limitations (if any):		
Roommate preference (if any): _		
Are linens needed? ☐ Yes* ☐N	No Please note you will be charged a one-time fee	of \$15 if selected
What brings you to campus? (ir	ndicate which one below)	
□MAT □MFA □Student Gue	est Other (please specify):	
Projected Move-in Date:	Projected Move-out Date:	
_	ned to a residence hall, I am obligated to accept the finar ing checked in, and will end upon being checked out. Su ght if less than 5 days.	
	acco-free. The tobacco-free campus policy includes cigar her similar tobacco products. No pets are allowed.	ettes, smokeless tobacco, pipes,
 Signature	Da	ate

Please return this application to:

OR

Residence Life Office, HUB 216 Eastern Oregon University One University Blvd. Fax it to: 541-962-3842 E-mail to: reslife@eou.edu

La Grande, OR 97850