Albany College of Pharmacy
AND HEALTH SCIENCES

Summer Housing Agreement 2018

STUDENT INFORMATION PLEASE TYPE OR PRINT

_____ _____ _____
LAST NAME FIRST NAME DATE OF BIRTH

_____
HOME ADDRESS (NUMBER AND STREET)

_____ _____ _____
CITY STATE/PROVINCE ZIP/POSTAL CODE

_____ _____ _____
PHONE CELL PHONE STUDENT ID#

_____ GENDER: ☐ MALE ☐ FEMALE
ACPHS E-MAIL ADDRESS

- Housing for the 2018 Summer Sessions will be in Holland/Princeton Suites, beginning on May 14, 2018 until August 24, 2018.

- Cost per week is $150.
- Cost per session is $900.
- Cost for entire summer is $1680.

- This agreement and all its contents apply to summer residents.
- I understand that by signing this agreement, I am committed to occupancy in an Albany College of Pharmacy and Health Sciences Residence Hall for the period from

_____ to _____.

P4 Students: ☐ **Module A** ☐ **Module B**

- I am responsible for coordinating with Residence Life staff to pick up and return my fob and keys.
- The signature below confirms that I agree to the conditions of the Occupancy Agreement.

_____
STUDENT SIGNATURE DATE

RETURN TO:
Office of Residence Life, Albany College of Pharmacy and Health Sciences
106 New Scotland Avenue, Albany, NY 12208-3492 * Phone: (518) 694-7107 * Fax (518) 694-7088
or
Student Center 207