



**Student Housing
Special Resident Status
Application**

Name: _____

School Attending: _____

Date of Expected Move-In

Date of Expected Move-Out

Please fill out area applying to you

INTERNSHIP

Internship Location: _____

Contact Person: _____

Phone Number: _____ Email: _____

NWTC STUDENT

Program Enrolled: _____

Advisor: _____

Phone Number: _____ Email: _____

PAYMENT

- ☐ I understand UW-Marquette will not be able to access my Financial Aid to pay for Student Housing.
- ☐ I understand I will have to sign a special payment agreement with the UW-Marquette Business Office.
- ☐ I understand if I do not make my scheduled payment on the date agreed upon I will be asked to vacate the apartment within 48 hours.
- ☐ I understand the dates of my move-in and move-out may determine different payment due for me versus other residents.
- ☐ I understand that I need to move out by **AUGUST 10, 2018** so I will need to make arrangements with my internship site to be done by that date.

Signature

Today's Date