

Private Single Room Application/Contract

Office of Residence Life • Division of Student Affairs

Barton College • PO Box 5616 • Wilson, NC 27893-7000 • Phone: 252-399-6386 • FAX: 252-399-6548

Please print and use ink.

For Office Use Only	
Student ID	_____
Residence Hall Room	_____
Meal Plan	_____
PO Box #	_____

Last Name: _____ First Name: _____ MI: _____

Student ID Number: _____ Date of Birth: _____ Gender: Male Female

Current Hall / Room: _____ Room Phone: _____ PO Box #: _____

Email Address: _____ Cell Phone #: _____

Parent or Guardian Name: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Country: _____

Greek Affiliation: _____ Semester of Application: _____

Number of semesters living in the Residence Halls at Barton College? 1 2 3 4 or more

Section 1.

I have a disability or medical condition that may affect my housing assignment: Yes No

If YES, please attach a statement of explanation, which will remain confidential, and will be used to assist in providing your housing needs. In addition, this form must be accompanied by a written verification, from a licensed practitioner, who has treated you for this condition.

Residence Hall Preferences: (Number in order of preference 1 to 3 - THIS IS NOT A GUARANTEE.)

1. Hall / Room _____

2. Hall / Room _____

3. Hall / Room _____

Section 2.

YES, I would like to buy out my room as a Private Single.

When I purchase my room as a Private Single, I have been duly notified of the following items:

1. I am making a one-semester commitment to a Private Single room. My room fees will be prorated and I will be charged through the rest of the semester for a Private Single, beginning September 1.
2. When I choose to have a Private Single, I understand that I must keep both sets of furniture in the room throughout the remainder of the academic year and that it will not be removed for me.
3. By signing below, I understand that I will not be able to change my room back to a regular occupancy room at any time during the rest of the semester.
4. Due to the increase in the billing charges for the Private Single room, all students must have person responsible for account billing approve the billing change.
5. I do understand that I must apply each semester for a Private Single.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Section 3.

Personal reasons for wanting a private room. Please feel free to elaborate or attach an additional sheet with explanation.

Section 4.

NO, I do not want to purchase my room as a Private Single.
I have been notified that:

1. I may receive a roommate at any time during the academic year.
2. I may be reassigned to another room in accordance with the consolidation policy.
3. I may not refuse a roommate if one is assigned to my room.
4. I must keep one side of the room available for a student to move into at all times. For example a bed, dresser, and part of the closet must remain free of personal items.
5. Once I return this form, I may not change my mind and elect to buy out my room at a later date.
6. I will be charged only for a regular occupancy room.

Signature: _____ Date: _____

The Office of Residence Life reserves the right to consolidate rooms at any time during the academic year, as well as limit the opportunity for a student to buy out his/her room, should it be determined that vacancies are needed for incoming residence hall students.

Please return this completed form to:
The Office of Residence Life • Barton College • PO Box 5616 • Wilson, NC 27893-7000

For Office of Residence Life Use Only

Private Room Rate: Hilley / Hackney / Wenger / Waters
 East Campus Suites

Student is currently occupying a private room: Yes No

Approved for private room: Yes No Date: _____

Hall: _____ Room: _____

Director of Residence Life Signature: _____ Date: _____