

Thaddeus Stevens College of Technology
Thanksgiving Break Housing Request Form
DUE BY 4:00 P.M. FRIDAY, NOVEMBER 17, 2017

Name (Please Print): _____

Residence Hall and Room #: _____ Cell Phone: _____

Home Address: _____

Emergency Contact (name and phone number): _____

If you are currently on Disciplinary Probation, you will not be permitted to remain on campus during the break period.

Please check the reason requesting to stay on campus:

- _____ Transportation issues (will need to leave late or return early)
- _____ Special dire circumstances (TSCT is your home)
- _____ Night class on Wednesday, November 22 (will be required to leave by 10:00am on Thurs. Nov. 23)

Please give a specific explanation: _____

Dates Requesting to Stay/Arrive on Campus (Please check one below):

- _____ I am **requesting to remain on campus after 6:00 p.m.** on Wednesday, November 22.
I am waiting for a ride and will leave campus by _____ on _____.
- _____ I am requesting to be on campus for the **entire break** Wednesday, November 22 – Monday, November 27.
- _____ I am requesting to **arrive back early** from break at _____ on _____.

Do you have a place to go for Thanksgiving Dinner? ___ Yes ___ No

If not, would you accept an invitation from a College employee to join them for lunch or dinner? ___ Yes ___ No

I will adhere to all College and Residence Life policies. I realize that the College is closed, and therefore, no College services such as health/counseling services, food services, or residence life staff will be provided/available. Furthermore, I realize that there may be few or no other occupants housed on campus during this break. **In addition, no guests (TSCT students or non-TSCT students) are permitted to visit me.** I agree to carry and present my ID card, which verifies my permission to be in College-owned housing during a specified time, to any College official when requested. I understand that misuse of this card is a violation of the College Student Conduct Code. I acknowledge that I am responsible for cleaning my room, common areas, and bathroom. **If I fail to adhere to any of these guidelines or violate any College policy, I may be immediately removed from campus and possibly charged a fee for the time I stayed in the residence halls.**

(Signature)

(Date)

OFFICE USE ONLY

Date Received: _____ Administrator's Signature: _____

Approval: _____ YES _____ NO Date: _____