



# Extended Stay Request Form

Clarendon College  
 P.O. Box 968 Clarendon, TX 79226  
 Telephone (806) 874-3571 Fax (806) 874-5080

<i>Student Information</i>	Student ID # _____ Academic Year: _____ Circle One: Fall Spring		
	Student Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last Name</span> <span>First Name</span> <span>Middle Name</span> </div>		
	Permanent Address: _____		
	<div style="display: flex; justify-content: space-between;"> <span>City _____</span> <span>State _____</span> <span>Zip Code _____</span> </div> Email: _____ Home Phone Number: _____ Cell Phone Number: _____ <p style="text-align: center; font-size: x-small;"><i>We will communicate important information to you exclusively via e-mail. It is your responsibility to check your e-mail.</i></p>		
<i>Extended Stay Request Information</i>	<b>Reason for Request</b> (attach an additional sheet if necessary):		
	Request Departure Date: _____ Time: _____		
	If your request for Extended Stay is due to an on-campus employment requirement, you must complete the following information.		
	<i>Department/Group requiring your Early Arrival</i>	<i>Supervisor or Staff/Faculty Contact Name</i>	<i>Campus Phone #</i>
	<p style="text-align: center;"><b>** READ THE FOLLOWING INFORMATION CAREFULLY **</b></p> <p><i>Signing and submitting this form signifies that you have read and understand and agree with all information on this form.</i></p> <ul style="list-style-type: none"> <li>* I am aware that the deadline for submission of this request to the Dean of Students is 14 days prior to anticipated departure date.</li> <li>* I understand that Extended Stay housing is a privilege offered as a convenience to students.</li> <li>* I am aware that during the Extended Stay period I am responsible for the terms and conditions outlined in my signed Residence Housing Contract.</li> <li>* I further understand that I will be expected to abide by all housing regulations and policies and I am aware that violations of such may result in disciplinary action.</li> <li>* I understand that during the Extended Stay period, overnight guests are not permitted.</li> <li>* I understand that I will be charged at a rate of <b>\$25.00 per day</b>.</li> <li>* I am aware that once I submit this form, my request is final. The charges for Extended Stay will be immediately applied to my student account. I am further aware that all Extended Stay charges are <b>NON-REFUNDABLE</b>, regardless of whether or not I actually check-out after the regularly scheduled closing day for the residence housing. I should not submit this form unless I am sure it is absolutely necessary that I check-out late.</li> <li>* I understand that check-out hours are Monday - Thursday from 8:00 a.m. until 5:00 p.m. and Friday from 8:00 a.m. until Noon. Staff will <b>not</b> be available to check me out at any other time. If I arrive outside of these times, I will have to wait until the next scheduled check-out time.</li> <li>* I am aware that building maintenance, including painting and plastering, will be ongoing in the residence housing during the Extended Stay period.</li> <li>* I am aware that maintenance/housekeeping staffs may not be able to prepare my assignment prior to the time I arrive to check-out.</li> </ul>		
Student Signature: _____ Date: _____			
<i>Office Use Only</i>	Date Received: _____ Time: _____ Date Entered: _____		
	# days staying after closing		Total Late Departure Charges
	_____ x \$25.00 per day = _____		
	Comments: _____		Approved _____ Denied _____ <small>Staff Member Initials:</small>