



RESIDENCE LIFE/HOUSING PROGRAM REGISTRATION



On-Campus (NSU affiliated) Program

Off-Campus Program

1. _____

 Program Name (acronyms and complete spell out) & Address

2. _____
 NSU Department Program Affiliation
- _____
 Purchase Order Number

3. _____
 Program Advisor & Contact Number
- _____
 24-Hour Contact Number
 During Program
 Residency

4. _____
 Number of Program Participants/Number of Program Counselors

5. _____
 Age/Gender of Program Participants

6. _____
 Desired Day, Date, & Time of Arrival
- _____
 Day, Date, & Time of Departure

Please attach the following documentation *(forms without attachments will not be considered)*

☉ A complete list of all participants/counselors expected to stay (print names, social security numbers, age, gender, indicate if participant or counselor, if NSU student include NSU ID#).

☉ A schedule of activities, specifying dates, times of activities and note times building will be vacated by participants/counselors.

☉ A Purchase Order (PO) Number that will sufficiently cover the balance of your program residency.

***Meals must be secured through the Office of Auxiliary Services.**

Contact the Office of Auxiliary Services: (757) 823-8085

