

**UM-St. Louis  
Summer Intern Housing Request**

**Personal Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of arrival: \_\_\_\_\_ Time: \_\_\_\_\_  
Date of departure: \_\_\_\_\_ Time: \_\_\_\_\_  
Name of company with which you are interning: \_\_\_\_\_  
Company contact: \_\_\_\_\_ Email: \_\_\_\_\_

**Linens**

Do you plan to bring your own bed and bath linens? Please circle: YES NO  
If you circle yes, linens **will not** be provided for you. Please note all beds are twin sized.

**Emergency Contact Information**

<b>Primary Contact</b>	<b>Secondary Contact</b>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

**Vehicle Information**

Will you be bringing a vehicle to campus this summer? YES NO

If yes, please provide the following:

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

State in which vehicle is licensed: \_\_\_\_\_

\*Please note that all vehicles parked on the UM-St. Louis campus are **required** to display valid parking permits. Parking permit fees for summer 2009 are approximately \$60.00.

**Roommate Selection**

Do you have any roommate preferences? All rooms are single private sleeping rooms within a four room single gender suite. Due to limited space, Conference and Event Services is unable to guarantee your requests, but all efforts will be made to honor them.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**\*Please fax this form 314.516.6878 (Attn: Allyson Bowes) or email it to [bowesa@umsl.edu](mailto:bowesa@umsl.edu) no later than May 1.**