

Andrews University

Off-Campus Programs

Summer Residency Plans
Site: _____

Name: _____ **Andrews ID #:** _____
Family Name Given Names English Name

I plan to attend the summer residency program. My **arrival plans** are:

_____ _____ _____ _____
date of arrival time of arrival airline and flight # city of arrival

If not arriving by air, please explain how you plan to arrive so that we may plan accordingly

Housing is **double occupancy** in a student dormitory with semi-private attached baths (two rooms share one bath).
 If you are not sharing the room with your spouse or family member, with whom would you prefer to share a room?

Room mate preference: _____

I plan for the following guests to accompany me. I understand that I will be responsible for expenses for lodging and food and for any other expenses of all guests. Please circle the appropriate information on relationship and sex below. Please use a separate line for each guest.

Name of Guest	Relation	Sex	Age	Dates at Andrews	
				Arrival	Departure
_____	spouse child family friend	Male Female	_____	_____	_____
_____	spouse child family friend	Male Female	_____	_____	_____
_____	spouse child family friend	Male Female	_____	_____	_____
_____	spouse child family friend	Male Female	_____	_____	_____

NOTE: Return this form to the site agent at least 6 weeks prior to planned attendance at Andrews University.
 You may also fax a copy to Director of Off-Campus, School of Business: 1 616 471 6158