

**HOUSING REQUEST FORM**

Name \_\_\_\_\_  
(Please Print)

Please Specify: OSU Graduate Student \_\_\_\_\_ Other \_\_\_\_\_

E-mail Address \_\_\_\_\_@\_\_\_\_\_

Home Country \_\_\_\_\_

OARDC Department \_\_\_\_\_ Advisor \_\_\_\_\_

**Please select:**

Male Graduate Housing

Female Graduate Housing

Apartment

**PERIOD OF ANTICIPATED OCCUPANCY:**

Arrival Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* \* \* \* \*

**OARDC USE ONLY**

Key received \_\_\_\_/\_\_\_\_/\_\_\_\_ Key Returned \_\_\_\_/\_\_\_\_/\_\_\_\_

Room/Apartment Number \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_ (Due first of the month)

Security Deposit \$ \_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Refunded \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete form and return to:  
OARDC Grad Student Housing  
c/o Human Resources Dept.  
1680 Madison Ave.  
Wooster, OH 44691  
(Phone - 330-263-3719)

or

Complete form and email to:  
bennett.693@osu.edu