



UNIVERSITY OF WISCONSIN
Marinette

A Campus of the University of Wisconsin Colleges

**Student Housing
 Special Resident Status
 Application**

Name: _____

School Attending: _____

_____ Date of Expected Move-In

_____ Date of Expected Move-Out

*****Please fill out area applying to you*****

INTERNSHIP

Internship Location: _____

Contact Person: _____

Phone Number: _____ Email: _____

NWTC STUDENT

Program Enrolled: _____

Advisor: _____

Phone Number: _____ Email: _____

PAYMENT

- I understand UW-Marquette will not be able to access my Financial Aid to pay for Student Housing.
- I understand I will have to sign a special payment agreement with the UW-Marquette Business Office.
- I understand if I do not make my scheduled payment on the date agreed upon I will be asked to vacate the apartment within 48 hours.
- I understand the dates of my move-in and move-out may determine different payment due for me versus other residents.
- I understand that I need to move out by **AUGUST 18, 2017** so I will need to make arrangements with my internship site to be done by that date.

 Signature

 Today's Date