

PROXY FORM FOR ROOM SELECTION

DUE FRIDAY, APRIL 20, 2007

Name: _____ Student I.D.# _____ Grad. Term/
Class Year: _____

E-Mail: _____ Proxy's Name: _____

(PLEASE PRINT CLEARLY)

Names of any other students you intend to move with (please print clearly):

1. _____	Student I.D.# _____	Grad term: _____
2. _____	Student I.D.# _____	Grad term: _____
3. _____	Student I.D.# _____	Grad term: _____

A. I wish to Retain My Room:

yes / no If yes:

Hall name: _____

Hall room #: _____

B. Hall preferences:

Rank all with 1 as most preferred.

Oak Glen	_____
Pine Dale	_____
Willow	_____
Birch	_____
Hickory	_____
Ivy	_____
Evergreen	_____
Aspen	_____
Cedar Dell	_____

C. Additional options:

If space available after application process, may be included in overall rankings with above houses, if interested.

Under 21	_____
21+	_____
21+ swing space	_____

D. Room Preferences:

Please rank your preferences when picking a room, with 1 being most preferred.

_____	Biggest room possible
_____	First floor
_____	Second floor
_____	Third floor
_____	Fourth floor
_____	Same floor as the students listed above
_____	Other: _____

Student Proxy Agreement:

I hereby give permission to the individual listed above to select a residence hall & room on my behalf. I understand that by giving him/her permission, (s)he is selecting a hall & room for me. I understand that if none of my expressed preferences are available, that my proxy is authorized to place me in the most desirable room available at the time selection is made.

I accept that any lateness to or absence from the process is the responsibility of my proxy. I realize that the decision of my designated proxy is final and that once my hall & room have been selected, room changes may be requested through the normal room change application process, only after the academic year begins and the room freeze is completed

Student's Signature _____

Date _____

Proxy's Signature _____

Date _____

Please attach a copy of your UMass Pass to the back of this form to be submitted by your proxy. Proxy forms will not be accepted without the required UMass Pass copy attached.

Office Use Only:

Date handed in: _____

Staff Signature: _____