

Applied Linguistics Department

One Winooski Park Colchester, Vermont 05439

Telephone: (802) 654-2684 Fax: (802) 654-2595 E-mail: tesol@smcvt.edu

DIPLOMA PROGRAM TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES

SUMMER 2013 HOUSING FORM Please PRINT clearly!

Name					Gender:	☐ Male	☐ Female
	(last/family/surname)	(first/given name)		(middle)			
Mailing	address:						
		Street					
	City	Province/State		Country		Postal C	lode
Telenho	ne:		Fax:				
тетерно	Country Code/Area Code	······	Tax.	Country Code/A			
E-mail a	nddress:						
PLEASE PRINT CLEARLY							

I will attend the four-week Diploma Program, summer 2013 (July 1^{nd} - July $26^{\text{th}}\!)$

Dates of arrival ______ departure _____

Note: The room and board fee, including dinner, will begin on Sunday, June $30^{\rm th}$ Students who arrive before Sunday, June $30^{\rm th}$ will be charge a *per diem* room and board fee.

- $\ \square$ Please reserve a single room in Saint Michael's residence hall with full meal plan* for four weeks.
- ☐ Please reserve a single room in a Saint Michael's townhouse** with full meal plan* for four weeks.
- ☐ Please reserve a Saint Michael's family townhouse** with no meal plan for four weeks.
 - * Cafeteria meals are typical of United States colleges and universities. ** Pending availability.

Linen service/blanket/pillow included in room and board fee for students only.

IMPORTANT! Air conditioners, pets, and smoking are NOT permitted in campus residences.

All campus facilities are non-smoking.

 $I \ understand \ that \ signing \ this \ form \ commits \ me \ to \ campus \ housing \ and \ that \ I \ will \ be \ billed \ accordingly.$

Signature: _____ Date: _____

Please return this form to:

Diploma Program

Applied Linguistics Department Saint Michael's College, Campus Box 253 One Winooski Park, Colchester, VT 05439 USA