Saint Michael's College

Applied Linguistics Department

Diploma Program - Teaching English to Speakers of Other Languages (TESOL)
HOUSING FORM

PLEASE PRINT CLEARLY

Name*_____ Gender: ☐ Male ☐ Female
Last First Middle

Mailing address_____
Street City Province/State Country Postal Code

Telephone number_____
Country Code City Code Phone Number

Fax number_____
Country Code City Code Phone Number

E-mail address*_____

☐ I will attend the six-week Diploma Program:

Dates of arrival_____ departure_____

☐ Please reserve a single room in Saint Michael's residence hall with full meal plan* for six weeks.**

☐ Please reserve a single room in a Saint Michael's townhouse with full meal plan* for six weeks.**

☐ Please reserve a Saint Michael's family townhouse with no meal plan for six weeks.**

Linen service/blanket/pillow included in room and board fee for <u>student</u> only

IMPORTANT! Air conditioners, pets, and smoking are NOT permitted in campus residences.
All campus facilities are non-smoking.

** Cafeteria meals are typical of United States colleges and universities.* ***Pending availability*

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

X _____
(Signature of Applicant) *(date)*

Please return this form to:

Diploma Program
Applied Linguistics Department
Saint Michael's College
One Winooski Park, Box 253, Colchester, Vermont 05439 USA
802.654.2300 ■ fax **802.654.2595** ■ e-mail **dbergne@smcvt.edu**
www.smcvt.edu/international

SAINT MICHAEL'S COLLEGE