UNLV

Office of Housing & Residential Life
LATE STAY REQUEST SPRING 2017

**Please submit your request to the Housing & Residential Life Office in Tonopah North
Requests received after May 5, 2017 may not be approved.**

Student Name: _____   NSHE#: _____

Hall: _____   Room: _____

Requested check-out date_____   Contact Telephone Number: _____

Please state the reason(s) why you are requesting to remain in the halls after noon on **May 13, 2017.** Please be specific and provide supporting documentation.

_____ I am participating in Commencement   _____ I am working at Commencement

_____ I am a student athlete staying with team   Other (please specify)_____

Please initial each below:

_____ I understand that I must provide written verification for a late-stay request with this form (i.e. graduation letter, letter from professor or coach).

_____ I understand that Late-Stay Students may be charged $30.00 per day. *Graduating students who participate in Commencement will not be charged, but must complete a request form.*

_____ I understand that I cannot remain in my complex after 12:00pm on **Saturday, May 13, 2017** without submitting this form and receiving written approval from the Office Of Housing and Residential Life.

_____ I understand that I may be consolidated to a temporary location during this time.

_____ I understand that I need to prepare all of my belongings and arrange a check-out time with my RLC prior to relocating to this temporary location.

_____ I understand that if I am granted approval, and I am involved in any type of disciplinary action, I may be asked to leave the building immediately.

_____ I understand that meals will not be provided beyond May 13, 2017.

_____ I understand that I must vacate the halls by my approved extension deadline.

_____ I understand that Housing and Residential Life will notify me with an approval or denial.

I have read and understand the information contained in this request form. I hereby verify that the information I have provided is correct.

Student's Signature: _____   Date: _____

- FOR OFFICE USE ONLY -

Date Received:_____	Date Reviewed:_____	Staff: _____
Verification Provided:	YES NO	INSUFFICIENT
DECISION:	APPROVED	NOT APPROVED
Signed _____	Date _____	