



Additional Housing Charge for Break Period

NAME: _____ SAM ID#: _____
PLEASE PRINT LAST NAME, FIRST NAME

HOUSING ASSIGNMENT: _____ PHONE: _____
BUILDING/ROOM #

ONLY ONE BREAK PERIOD PER FORM

Break Period: ___ Winter Break \$660
___ Spring to Summer I Break \$
___ Summer II to Fall Break \$

If another department is going to pay your break fee please fill out the following:

___ Athletics Sport: _____
___ Other Explain: _____

By signing this form you are stating that you are aware of the break period charges which will be placed on your SHSU student account, if applicable, and have received the Limited Services document from the Residence Life Office. Break period charges should be paid immediately.

Student Signature _____ Date _____

For Office Use Only

Date Received _____ Date Charge Added / No Charge _____ Acct. Clerk Initials _____
Inter Departmental Order: Date Completed _____ Date Order Received _____