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 docu-
ment 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__________

Updated 9/13/2023