

**HMH JFK Muhlenberg
Harold B. and Dorothy A. Snyder Schools
Residence Room Agreement**

Student's Name _____ has been assigned to a residence room and also agrees to the following:

1. Must be registered for class at the School
2. Health Clearance has been approved by the Student Health Clearance Nurse
3. \$150.00 Refundable Deposit (pay online www.lfkmuhlenbergschools.org)
4. \$25.00 Non-Refundable Room Key Charge
5. Payment of residence fee of \$1800.00 per semester.

In an emergency situation in which the rights, health and safety of a student or other students may be violated or there is deemed to be potential for violations, the Dean of the School or her/his designee and JFK Medical Center Division Manager of Support Services or his/her designee reserve the right to search a room or rooms without prior notice. Rooms may also be inspected periodically, without notice, for safety factors and maintenance needs.

Refunds of the residence fee will only be given if the student leaves the residence prior to the end of the refund period which is within the first ten (10) days of the semester. Refunds will also only be given if the student meets the following conditions:

1. The student moves out of the Residence
2. The student notifies the Student Accounts Department of their intention
3. The student's room shows no damage upon room inspection
4. The student returns their key card

Students must vacate the residence at the conclusion of each semester. Intersession and holiday is by permission of the Dean only.

Students, and/or their personal belongings, who are granted permission to remain during the summer semester must pay the expected residence fee, which is \$1,200.00.

If students remain during the winter semester/holiday period, they must pay a prorated residence fee.

The School takes no responsibility for personal belongings.

I, _____, have read and reviewed this agreement, and I understand its contents. I also understand that I must vacate the residence no later than one week after semester ends.

Student Signature

Date

Witness Signature

Date

Home of Permanent Address _____

Emergency Contact: Name & Phone Number _____

NOTE: If a waiting list exists, priority for housing is given to full-time students and to those enrolled in a clinical course and who live 15 miles away from the Scholl. Any questions, please contact Lavone Thompson at 908-668-2963.

Please print & submit this form by mail to: Hackensack Meridian, JFK Muhlenberg Harold B. & Dorothy Snyder Schools 1200 Randolph Road, Plainfield, NJ 07061 Attn: Lavone Thompson