

**INTERNATIONAL SCHOLARS HOUSE
RESERVATION FORM
University of Wisconsin-La Crosse**

A limited number of single rooms in the international scholars house are available for international faculty and visitors. Rooms will be assigned on a first-come basis so it is very important that you return this form as soon as possible. **Please understand that submission of this form does not guarantee a room.**

PRINT NAME (Last) (First) (Middle)

UW-La Crosse Identification Number (if known) Sex Age Birthday (mo/day/year)

Home Address(Street) (City) (Country)

E-mail Address

Period of Stay From To

PLEASE INDICATE: I smoke I do not smoke Native Language: _____

Please note: the International Scholars House is a smoke free environment. Smoking is prohibited inside the house.

List any chronic or physical disabilities or visitation preferences, which necessitate special consideration. Specify what arrangements are required:

RESIDENT AGREEMENT: I have read the information about the international scholars house. I agree to the rules and payment of the contract rates as they have been stated in the information sheet. I understand that as a new international visitor, I am required to pay the \$100 refundable damage and cleaning deposit upon arrival. I understand that when this reservation form is signed and returned to the Office of International Education, my faculty mentor/department chair will receive a confirmation on room assignment if there is a room available.

Visitor's Signature (or department chair's Signature if the department is making the reservation) Date

RETURN TO: Hong Rost
Office of International Education
University of Wisconsin-La Crosse
1725 State Street
La Crosse, WI 54601