VIU
Virginia International University

ACCOMMODATION ASSISTANCE REQUEST

Full Name: _____
First Middle Last

Male ☐ Female ☐ Date of Birth: ____/____/____ VIU Program of Study: _____

Semester/Year you plan to attend (Fill out one below)

Fall____ Summer I____ Summer II____ Spring____

E-mail Address: _____

Projected Move-In Date: ____/____/____

How long will you need housing? _____

How much are willing to spend per month for housing? _____

Do you mind living in a co-ed (w/ male & female) apartment/housing? (Check one) ☐ Yes ☐ No

Would you consider sharing a room with the same gender? (Check one) ☐ Yes ☐ No

Do you smoke? (Check one): ☐ Yes ☐ No

I understand that once housing is found for me, all forms and payments required to reserve the place must be completed and submitted to the owner within seven business days. If I break my lease, my security deposit will not be refunded. Any and all housing agreements are between me and my landlord; Virginia International University is not liable or involved in any housing agreements.

_____ _____
Printed Name Signature

_____
Date

After your form is submitted, you may receive an email from the Office of Student Affairs requesting additional information. If you have questions or concerns regarding accommodation, please contact accommodation@viu.edu.