



ST. MATTHEW'S UNIVERSITY SCHOOL OF MEDICINE

RESIDENCY LIFE AGREEMENT

Please complete, sign and fax this form to Admissions at 800-565-7177
For additional questions please email the Campus Coordinator at smuresidence@smu.ky

NAME: _____ / _____ / _____
LAST FIRST MI

DATE OF BIRTH: _____ / _____ / _____ SOCIAL SECURITY OR SIN: _____
MONTH DAY YEAR

PERMANENT ADDRESS: _____

SEMESTER: _____ / _____
SEMESTER YEAR

TERMS OF AGREEMENT

PLEASE NOTE THAT YOUR INITIALS AND SIGNATURE ESTABLISH YOUR UNDERSTANDING, ACCEPTANCE, AND AGREEMENT TO THE TERMS AND CONDITIONS OF BOTH PAGES OF THESE CODES:

____ 1.) **Acknowledgement/Agreement** - I acknowledge receipt of, and agree to comply with, all requirements of this Agreement as set forth in the following pages. **I HAVE BEEN ADVISED AND AGREE THAT MY FAILURE TO COMPLY WITH ANY PROVISIONS SET FORTH IN THIS AGREEMENT CAN RESULT IN MY EXPULSION FROM THE ST. MATTHEW'S UNIVERSITY RESIDENCE HALL AND FROM THE ST. MATTHEW'S PROGRAM.**

____ 2.) **Alcohol/Drugs** – Kegs and party balls are prohibited. Open containers are prohibited in all indoor common areas. Manufacture, sale, possession or use of any illegal substances, drugs, or drug paraphernalia is prohibited. Knowledge of drug use, drug paraphernalia, or any other illegal activities must be brought to the attention of Residence Hall staff immediately. Violation of any of these codes may result in confiscation of the prohibited items, appropriate disciplinary action will be taken against me, and-if applicable- the Grand Cayman authorities will be notified.

____ 3.) **Relocation** – I understand that it may be necessary to relocate to another property owned, operated, or leased by St. Matthew's University or its affiliates, sometime during my residency for any reason or no reason, with or without cause, and I agree to immediately cooperate with this relocation.

____ 4.) **Dismissal** – I understand that in the event of my dismissal from St. Matthew's University, that I will vacate the Residence Hall within 24-48 hours.

____ 5.) **No Harm** – I will not harm or threaten to harm myself or anyone else.

____ 6.) **Removal** – I will remove all of my personal belongings, decorations, food, and trash at the time of my departure and do hereby give my consent to the immediate removal and disposal of any items left behind.

____ 7.) **Missing or Damaged Items** – I am financially responsible for any missing inventory, Residence Hall loaned linens or keys, or any damages to the Residence Hall or theft of property therein (regardless of whether such missing items, damages or theft was caused by me, my roommates, or my visitors). I will pay this debt before my departure from the Residence Hall. Should it be determined, at any time, that the damages I am responsible for are either intentional or excessive, I may be expelled from the Residence Hall and the Program. I will hold St. Matthew's University and its affiliates in no way responsible should any of my possessions be damaged, lost or stolen, due to fire, theft, flood, vandalism, loss of power, power surges, acts of nature or any other cause.

___ 8.) **No Lease** – This agreement does not constitute a lease. My residency at the Residence Hall is dependent entirely on my continued study at St. Matthew’s University School of Medicine.

___ 9.) **Visitor Responsibility** – I will be responsible for all my visitors to the Residence Hall. No guest may stay overnight more than 5 consecutive nights.

___ 10.) **Residence Hall Security** – St. Matthew’s University and its affiliates can not and do not guarantee my personal safety and/or the safety of my belongings against any actions (including, without limitations, criminal actions) of others. **THE PRESENCE OF THE RESIDENCE HALL’S SECURITY DOES NOT ENSURE MY SAFETY. IT IS MY RESPONSIBILITY TO PROTECT MYSELF AND MY POSSESSIONS.**

___ 11.) **No Pets** – **PETS OF ANY TYPE ARE PROHIBITED IN THE RESIDENCE HALL.**

___ 12.) **Explosives/Weapons** – Possession or usage of explosives, fireworks, firearms, and/or weapons (including dart and paintball guns) of any type are prohibited. Knowledge of possession or usage of any explosives, fireworks, or weapons must be brought to the attention of the Residence Hall Staff.

___ 13.) **Decorations and Maintenance** – Decorations are permitted on the interior of the Residence Hall room. Nails, screws and paint are prohibited. All maintenance issues must be brought to the attention of the Residence Hall Staff immediately. All maintenance must be performed by Residence Hall Staff or its affiliates.

___ 14.) **Occupancy Restriction** – The total number of people in a single room is restricted to 6. The total number of people of people in a suite is restricted to 10.

___ 15.) **Inspection** – St. Matthew’s University and its affiliates reserve the right to inspect Residence Hall accommodations without notice at any time and from time to time. I understand these rights and consent to such entry and search.

ROOM DEPOSIT PAYMENT

A \$500.00 non-refundable room deposit fee must accompany this form.

METHOD OF PAYMENT: ___ CHECK ___ MONEY ORDER ___ CREDIT CARD

IF CREDIT CARD, WHAT TYPE: ___ VISA ___ MASTERCARD

CREDIT CARD NUMBER: _____ **EXP. DATE:** _____ / _____
(MONTH/YEAR)

I have read, understand and agree to the terms and codes listed above and certify that the above statements and information provided are correct and complete. I also give permission to St. Matthew’s University School of Medicine to charge my credit card for room deposit purposes only. _____ (please initial)

SIGANATURE: _____ **DATE:** _____

PRINT NAME: _____

HOUSING PREFERENCE

Please rank in order, your housing preference.

Single Occupancy Room (\$US3500 per semester) _____

Double Occupancy (\$US2400 per semester) _____

Suite, Double Occupancy (\$US2600 per semester) _____

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