

Housing Form

Please check the type of accommodation you prefer (check one only). For a more complete description of housing, please see the "Living in Paris" section of your pre-departure handbook.

- a. Double room - student residence
- b. Single room - student residence, may include shared kitchen/bathroom/phone (\$XXX supplement. Please attach your check, made payable to ACCENT, to this form. Requests will not be considered until we receive payment.)
- c. Single room - homestay, includes breakfast daily (\$XXX supplement. Please attach your check, made payable to ACCENT, to this form. Requests will not be considered until we receive payment.)

Additional details regarding your program housing:

- Residence buildings are co-ed with single-sex rooms. Accommodations are only provided from the start date until the end date of the program. ACCENT cannot accommodate early arrivals or late departures.
- Students should be prepared to live in standard program housing (option "a" above). Other housing requests may not be available. Requests are usually honored on a first come, first serve basis.
- Single rooms are extremely limited and availability will not be known until approximately 1-2 weeks prior to departure. If ACCENT is unable to place you in a single room we will refund your supplement and you will be placed in the standard accommodation. Otherwise single supplements are non-refundable.
- Single accommodations are available in Paris only. Accommodations on overnight excursions are double, triple or quad occupancy.
- Bedrooms are generally smoking or non-smoking. Student residence buildings may include both smokers and non-smokers.

Please answer the following questions regarding your housing:

1. Age _____ Sex: Male Female
2. Name of preferred roommate _____
(Please include first and last name. Roommate requests must be submitted by each roommate. All requests must match.)
3. Do you smoke? Yes No If you don't smoke, can you tolerate rooming with a smoker? Yes No
IMPORTANT: Smoking affects the well-being of roommates (even residual smoke on clothes, hair, etc. can be harmful). You must indicate on this form if you plan to smoke at all during your stay so that we may make an appropriate housing assignment. If you state that you do not smoke, but you nevertheless do, ACCENT, in its sole discretion, may require you to pay all additional costs of moving you to different accommodations, if available. If alternate housing is unavailable, ACCENT may expel you from program housing which may result in your expulsion from the program without refund or recourse.
4. Please explain any medical conditions that may affect your housing: _____
5. I am: a light sleeper a sound sleeper
6. I am: very neat somewhat neat not very neat
7. I prefer to: go to bed late/wake up late go to bed early/wake up early
8. Most of the time, I am: quiet active
9. Other comments _____

All housing requests and requests for changes must be made in writing to ACCENT and will be evaluated at ACCENT's sole discretion. Any participants with special housing needs may contact the ACCENT Center in San Francisco at (800) 869-9291.

I certify that the information I have provided above is accurate. I hereby agree that I am bound by the policies and conditions associated with the program-related housing provided by ACCENT.

Print Name

Signature

Date

-Make a copy of this form for your records-