

Stevens Point WI 54481-3897 715-346-3511; Fax 715-346-4459 E-mail: resliving@uwsp.edu www.uwsp.edu/resliving

Specialty Living Options Agreement Form

Name	SID#
Hall/Room Semester Carefully read the appropriate section(s) below. You will be held accountable for the agreement that you are making. Failure to honor the obligations listed below may necessitate your moving to a different room and/or building.	
 Quiet Community Agreement I understand and accept the following: During quiet hours, each person is responsible for maint a level where the sound cannot be heard in another roor longer than 30 seconds by someone who is standing in to QUIET HOURS ARE: Sunday – Thursday 9 p.m. – 10 a.m. Friday – Saturday 11 p.m. – 10 a.m. At all times stereos, radios, televisions, etc. must be play heard outside of the room with the doors and windows on the At all times residents are to be mindful of the privacy riging. There may be additional "courtesy" hours which are defined as the court of the provisions of the residence of the rules are in addition to the provisions of the residence. 	wed at levels that do not allow the sound to be losed. Into of others. Into and vary by hall. Into ours, but the total number of designated quiets
Alcohol-free House I understand and accept that: The possession or consumption of alcohol is prohibited of this agreement also includes my guests. I agree not to be present on the house/floor when I have consumption of alcohol is prohibited of this agreement also includes my guests.	
I have read and agree to honor the above marked section(s). I understand that failure to abide by these policies may require me to move to another room and/or building. These policies and others can be found in the Residential Living handbook and/or housing and dining services contract. Signature	