Co-op/Intern Housing Application

Capitol Technology University
Office of Residence Life
11301 Springfield Road
Laurel, MD 20708
Phone: (301) 369-2800 x3050 • Fax: (301) 953-3876

Please print neatly and complete the entire application.

Name_____ Date of Birth _____

Address_____ City_____ State ____ Zip _____

Gender ____Male ____Female E-Mail _____

Primary Phone _____ Alternate Phone _____

Summer Position Co-op _____ Intern _____Other (please explain) _____

*** Check our website (http://www.capitol-college.edu/) for Summer Housing Dates ***

Expected Arrival (Date and Time) _____(must be completed)

Expected Departure (Date and Time) _____(must be completed)

Rooms are rented by the week for a minimum of 4 weeks

Special Arrangements Needed _____

Each apartment includes two Single Rooms and two Double Rooms; do you prefer a Single _____ Double _____

All apartments are non-smoking

Do you smoke? _____Do you mind sharing an apartment/room with someone who smokes? _____

Requested Roommate/Apartmentmate (if known) _____

Local Company/Agency Name_____ (must be completed)

Address_____ City_____ State _____ Zip

College (attending/teaching) _____

Do you have a car? ____ License Plate _____ State_____ Are you interested in car-pooling? _____

A $200 security deposit and the first month's rent are required prior to moving in.

Please read the Housing Agreement for policies and procedures. A copy of the Guide to Residence Life detailing Capitol's Residence Life policies will be given to you upon your arrival. You are expected to fully understand and abide by these regulations during your stay on campus.

By signing below you agree that the above information is true. You also agree to abide by the rules and regulations outlined in the Guide to Residence Life (available upon request or arrival).

_____ _____
Signature Date

----------Office Use Only----------

Date Received _____Deposit _____1st Month's Rent _____Room Assignment _____

Notes _____