

# Bromley Hall

AT THE UNIVERSITY OF ILLINOIS

## Summer 2024 SUMMER RESIDENT ROOM CONTRACT ADDENDUM

### PART I. STUDENT INFORMATION

#### PART ONE. STUDENT INFORMATION (REQUIRED)

1. Last Name (PRINT)		First Name (PRINT)	M.I.
2. Cell Phone Number		3. Student's UIUC E-mail Address	
( ) -		@illinois.edu	

#### ROOM ONLY NO MEALS:

12 Week Session (May 12th – August 4th)	8 Week Session (June 10 <sup>th</sup> – August 4 <sup>th</sup> )	Any 4 Week Session
( ) Double/Shared Bath \$2,625	( ) Double/Shared Bath \$1,750	( ) Double/Shared Bath \$875
( ) Single/Shared Bath \$3,300	( ) Single/Shared Bath \$2,200	( ) Single/Shared Bath \$1,100

#### Room with three meals per day on Mondays through Thursdays and (Breakfast and Lunch on Fridays only) NO WEEKEND MEALS:

12 Week Session (May 12th – August 4th)	8 Week Session (June 10 <sup>th</sup> – August 4 <sup>th</sup> )	Any 4 Week Session
( ) Double/Shared Bath \$3,825	( ) Double/Shared Bath \$2,550	( ) Double/Shared Bath \$1,275
( ) Single/Shared Bath \$4,500	( ) Single/Shared Bath \$3,000	( ) Single/Shared Bath \$1,500

\*Includes applicable sales taxes

I hereby acknowledge that I have received, read, understand, and agree to the terms and conditions contained in the Summer 2024 "Bromley Hall Room and Board Agreement" and "Rules & Regulations for Bromley Hall Residents." I hereby authorize a signature submitted by me by fax or other electronic transmission to be as valid and binding as my original signature.

I agree to pay the total amount due for my Room accommodations on the first day of the summer session I have chosen.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_