



WSU IAREC DORMITORY SPACE REQUEST

Tenant Name (First Last): _____

Tenant Email: _____

Tenant Phone: _____

Check-in Date: _____ Check-out Date: _____

Tenant, please initial that you have received and reviewed the following forms and documents:

_____ Dorm Guidelines _____ Dorm Pricing

Gender: Female
 Male

Tenant Type: WSU Student
 Non-WSU Student
 Non-Student

Sponsor/Project Leader Name

Sponsor/Project Leader Signature & Date

Tenant Name

Tenant Signature & Date

TO BE COMPLETED BY DORMITORY MANAGER

Date Received: _____

This request has been: Approved
 Denied

Reason for Denial:
 No space available
 Added to Waitlist
 Other: _____

Dormitory Manager Name

Dormitory Manager Signature & Date