



## Summer Intern Housing Application

Please Print

Full Name: \_\_\_\_\_

If you are a UHV Student, please provide your student ID: \_\_\_\_\_

If you are a non-UHV Student, please indicate your home institution: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City, State,

Zip: \_\_\_\_\_

Permanent Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender: (please circle)    MALE    FEMALE

Email Address: \_\_\_\_\_

Date of Birth: (Month, Day, Year) \_\_\_\_\_

Please explain in detail why you require summer housing:

\_\_\_\_\_

**Please explain your affiliation:**

- I am a current University of Houston-Victoria student who is enrolled in classes/co-op at the University at anytime during the year.
- I am a student of another University who is doing an Internship in the Victoria area this summer.

Please check below:

- My Internship is affiliated with University of Houston-Victoria**  
Department/Program: \_\_\_\_\_  
Supervisor: \_\_\_\_\_
- My Internship is NOT affiliated with UHV. I am working for/interning at:**  
Company/Institution: \_\_\_\_\_  
Name, Phone and Title of Supervisor or Program Manager at Company/Institution:  
\_\_\_\_\_

**Room Assignments:** All Interns will get a single room unless they specifically request a roommate (of the same gender). If you have a roommate request, please list their full name below:

\_\_\_\_\_

**Emergency Contact Information**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permanent Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Intern: \_\_\_\_\_

**Dates of Stay**

I will require Summer Housing for the following dates:

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

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

Total Weeks: \_\_\_\_\_

(Please note check in/out dates and times listed in Agreement).

**In order to process my request for housing at the University:**

1. I hereby declare that the information I have provided in this application is accurate to the best of my knowledge.
2. I have contacted my employer/institution and instructed them to send proof of my employment/enrollment in class to the Business Operations Coordinator.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail, fax or email this document to: Kim Pickens, Business Operations Coordinator,

2705 Houston Hwy - Room 1029, Victoria, Texas 77901. Email: [pickensk@uhv.edu](mailto:pickensk@uhv.edu) Fax: 361-580-5535