



## Housing Contract 2025-2026



Please be advised that in order to complete the contract, you must be accepted into Cameron University and submit a first-time resident deposit of \$200. Once both conditions are met, the contract will be considered complete. If you have any questions or concerns, please reach out to SHRL at [housing@cameron.edu](mailto:housing@cameron.edu).

PLEASE PRINT OR TYPE ONLY

CU ID# \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (M.I.) (Preferred)

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date (Month,Day,Year): \_\_\_\_\_ Sex (Circle One): Female Male

Email Address: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Classification (mark one): Internship Freshman Sophomore Junior Senior Graduate

Academic Year/Term (mark one): \_\_\_\_\_ Fall & Spring \_\_\_\_\_ Spring \_\_\_\_\_ Summer T-shirt Size: \_\_\_\_\_

### Credit Hour Requirement

To live on campus, you must be a full-time student, which means you need to take at least 12 undergraduate credit hours or 6 graduate credit hours. **However, part-time students may request permission to live on campus by emailing [housing@cameron.edu](mailto:housing@cameron.edu) to request the Part-Time Housing Request Form.** Approval must be granted by the Director of Student Housing and Residence Life under special circumstances.

Credit Hours for the Term: (mark one): \_\_\_\_\_ Full-time \_\_\_\_\_ Part time \_\_\_\_\_ Summer (Internship or 3 credits hours)

### Housing Preference

Please rank your housing preferences, with '1' being your first preference, '2' being your second preference, and so on. Any option left unranked will be considered as not preferred. Please be advised that assignments are made based on a variety of factors among. Additionally, please be advised that while you submit your preferences, SHRL reserves the right to assign or reassign housing at its discretion.

Cameron Village: \_\_\_\_\_ 2 Bedroom \_\_\_\_\_ 4 Bedroom  
North Shepler Center: \_\_\_\_\_ Double \_\_\_\_\_ Single  
South Shepler Center: \_\_\_\_\_ Double \_\_\_\_\_ Single

Roommate(s) Preference:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(Roommates must request each other and space must be available)

Do you require special accommodations: \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please email us at [housing@cameron.edu](mailto:housing@cameron.edu).)

Can you live with someone who has an Emotional Support Animal (ESA)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any Cameron University affiliations: \_\_\_\_\_  
(e.g., Athlete (Sport), Legacy, PLUS, ROTC)

Do you need to speak with someone in SHRL about your particular circumstances? Please state here or reach out to housing at [housing@cameron.edu](mailto:housing@cameron.edu).

All residents are required to purchase a meal plan each semester while living in Student Housing. Please review the meal plan options carefully and select a meal plan to suit your dining needs and aligns with your primary housing preference.

- \_\_\_ **Flex 15 \$ 2,315 per semester** (15 meals per week + \$300 in Flex Cash per semester) Available to all residents
- \_\_\_ **Flex 10 \$ 2,185 per semester** (10 meals per week + \$325 in Flex Cash per semester) Available to all residents
- \_\_\_ **Flex 8 \$ 2,170 per semester** (8 meals per week + \$400 in Flex Cash per semester) Available to all residents
- \_\_\_ **Flex 5 \$ 1,520 per semester** (5 meals per week + \$550 in Flex Cash per semester) \*Cameron Village Residents Only

For more information related to dining, please visit <https://camerondining.sodexomyway.com/en-us/>.

To help us make a good roommate match, it is important that you answer all these questions yourself in a thoughtful and honest manner.

**Sleep schedule: Generally I consider myself...** \_\_\_\_\_ Morning Person \_\_\_\_\_ Combination \_\_\_\_\_ Night Owl

**Cleanliness: I keep my room...** \_\_\_\_\_ Neat \_\_\_\_\_ Slightly Messy \_\_\_\_\_ Very Messy

**Study habits: I prefer to study...** \_\_\_\_\_ Outside of My Room \_\_\_\_\_ Quiet in My Room \_\_\_\_\_ With Noise

**Socializing: I like to go out with friends at night...** \_\_\_\_\_ Weekends and Weeknights \_\_\_\_\_ Weekends Only \_\_\_\_\_ Hardly Ever

**Frequency of guests: having visitors means...** \_\_\_\_\_ Lots of Visitors \_\_\_\_\_ Periodic Visitors \_\_\_\_\_ No Visitors

**Overnight guests: Are opposite gender guests okay?** \_\_\_\_\_ Every Weekend \_\_\_\_\_ Occasionally \_\_\_\_\_ Never

**Do you smoke? (Smoking is prohibited on campus)** \_\_\_\_\_ Yes \_\_\_\_\_ Occasionally \_\_\_\_\_ No

**Temperature in room...** \_\_\_\_\_ Warm \_\_\_\_\_ Neutral \_\_\_\_\_ Cold

### Missing Person

In accordance with the Higher Education Act, if a Resident Student who is under 18 or not emancipated is determined to be missing, the university is required to notify a custodial parent or guardian. If you are 18 or older, you have the option to provide who you would like to be notified if you are determined to be missing. Therefore, please complete one of the two options:

I am under 18 or not emancipated and request that you contact:

Primary (required) \_\_\_\_\_  
Name of Custodial Guardian: \_\_\_\_\_  
Contact Number(s): Additional (optional) \_\_\_\_\_  
Name of Custodial Guardian: \_\_\_\_\_  
Contact Number(s): \_\_\_\_\_

I am over 18 and request that you contact:

Primary (required): \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Contact Number(s): \_\_\_\_\_  
Additional (optional): \_\_\_\_\_  
Name of Contact: Contact Number(s): \_\_\_\_\_

My signature illustrates my understanding of this policy. Furthermore, I understand that this designation will remain in effect until changed or revoked by the student.

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

### **Certification of Meningococcal Compliance**

Oklahoma Statutes, Title 70A § 3243, requires that all students who are first time enrollees in any public or private postsecondary institution in this state and who reside in on-campus student housing shall be vaccinated against meningococcal disease. Institutions of higher education must provide the student or the student's parents or other legal representative detailed

information on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine. The statute permits the student or, if the student is a minor, the student's parent or other legal representative, to sign a written waiver stating that the student received and reviewed the information provided on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine, and has chosen not to be or not to have the student vaccinated. Please read the information about the meningococcal disease and vaccinations here: <https://oklahoma.gov/health/health-education/acute-disease-service/disease-information/meningococcal-disease.html> Students should contact their personal physician or the local health department if they would like more information about meningococcal disease and the vaccination or if they would like to receive the vaccination.

1. I have received and reviewed detailed information on the risks associated with meningococcal disease, and
2. I have received and reviewed information on the availability and effectiveness of any vaccine (against meningococcal disease), and
3. Further, I certify that: (Place a check in the applicable box, below)

\_\_\_\_\_ I have been vaccinated against the meningococcal disease and the appropriate signature below verifies this.

\_\_\_\_\_ I choose not to be vaccinated\* against meningococcal disease

When student is under 18 year of age, the following must also be completed: As the parent, guardian, or other legal representative, I certify that the student named above is a minor and that I have received and reviewed the information provided and that I have chosen not to have the student vaccinated against meningococcal disease.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Cameron University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that may result from my decision not to be immunized against meningitis. I also understand that in the event of a disease outbreak at the university may have to be excluded for my protection and the protection of other students at the university.*

By signing this Contract, You agree to the terms and conditions outlined herein, as well as all policies and procedures set forth by Cameron University Office of Student Housing and Residence Life ("SHRL") and the Board of Regents of the University of Oklahoma on behalf of Cameron University ("University"), including the policies found here: <https://www.cameron.edu/housing/move-in/forms>.

**Room Deposit:** A \$200 room deposit is required and must be submitted with this Contract. This deposit is separate from any financial aid or scholarships You may receive.

**Contract Termination and Deposit Refund:** Any refund or contract termination will be subject to the terms and conditions outlined in the agreement. For more information regarding contract cancellations and refund policies, please visit: <https://www.cameron.edu/housing/current-residents/contract-cancellation>.

**Payment Deadlines:** A minimum payment of \$600 must be made by 5:00 p.m. on August 1<sup>st</sup> for the Fall semester. Failure to make this payment by the deadline may result in forfeiture of Your room assignment. Students making payment through financial aid must make arrangements with the Office of Student Housing and Residence Life prior to the August 2nd deadline. All Fall Student Housing and Residence Life account balances must be paid in full by September 30th. All Spring Student Housing and Residence Life account balances must be paid in full by February 28th.

**Payment:** Payment can be made online through the student payment portal. For more information please visit <https://www.cameron.edu/studentaccounts>.

You acknowledge that it is your responsibility to read, understand, and comply with the terms and conditions, as outlined on the University Housing website and other housing-related materials provided to You. Failure to do so does not exempt You from the terms of this Contract.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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Signature of Guardian (if not yet 18)

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Date

If you have any questions, please contact:

The Office of Student Housing and Residence Life located in the McMahon Learning Center. 580-581-2392,  
[housing@cameron.edu](mailto:housing@cameron.edu).