

NCMC Residence Life Overnight Guest Request Form

Name: _____

Date: _____

Hall & Room #: _____

Phone #: _____

Requested Overnight

Guest: _____ Phone# _____

Date Requested (Fri. and/or Sat. Only): _____

I understand that I will be responsible for my guest's actions during his or her stay on NCMC's campus. I also understand that my overnight guest is subject to hall policies and can be dismissed at any time if these policies are violated.

Signature

Date

You must obtain the following signatures by the Wednesday prior to your guest's visit at 5:00PM. **ALL** overnight guest stays must be approved by your roommate, RA and Residence Life Coordinator.

1. Roommate

Signature: _____ Date: _____

2. RA Signature: _____ Date: _____

3. Coordinator Signature: _____ Date: _____

Approved Date: _____

Denied Date: _____

Return form to your Residence Life Coordinator.

You will receive a copy of this form stating that your request has been approved or denied. Any questions, please contact Selby Dorm Director at x1480, or Ellsworth Dorm Director at x1470.

You may also appeal this decision with your Residence Hall Director at x1412

Any overnight guest staying on campus without approval will result in disciplinary action, as well as possible denial of future requests.