

WHAT'S NEXT?

Follow the steps below to secure your housing assignment.

1. Complete this application and return it along with your \$150 deposit to the business office by May 1st. Applications received after May 1st will be considered based on availability.

**Business Office
Coppin State University
2500 W. North Avenue
Baltimore, MD 21216-3698**

2. After receipt of your application and \$150 deposit the housing office will contact you via email regarding additional requirements & supplemental application materials.
3. Submit your materials to the Office of Housing no later than June 1st to confirm your intent. Information received after June 1st will be considered based on availability.

**Office of Housing
Coppin State University
2500 W. North Avenue
Baltimore, MD 21216-3698**

4. Once your application is complete and all materials have been received, the housing office will send you an email confirmation welcoming you to Housing at Coppin State University.

Living on Campus

Coppin offers a unique living and learning environment focused on promoting the overall success of the residential student. Students living in housing take advantage of the 3 C's: Convenience, Cost and Community.



Contact Us:
Office of Housing
2500 W. North Avenue
Baltimore, MD 21216
410-951-6300

www.coppin.edu/housing

Live@Coppin



APPLICATION FOR HOUSING

Name _____ CSU ID # _____
Last First MI

Mailing Address _____
Number and Street Apt #

City/ State or Country Zip Code

Email Address _____ Phone _____
Do you wish to receive housing-related texts? YES NO

Gender Male Female Date of Birth (month/day/year) ___/___/___

Parent's Email Address _____ (To receive pertinent housing-related emails)

Classification FR SO JR SR TRANSFER Major _____

Application For (Semester and Year) Fall _____ Spring _____

MEAL AND ROOMMATE PREFERENCES

Meal Plan: (Please indicate which meal plan you would like. Please note that this can be changed at a later date.)

Bronze _____ Silver _____ Gold _____

Roommate Request

Roommate requests must be mutual, your requested roommate must also request you . Roommate requests are not guaranteed and will be granted based on availability.

Roommate's Name _____ CSU ID # _____
Last First MI

Application Check List

Housing Deposit should be submitted in the form of a **CHECK or MONEY ORDER** made payable to Coppin State University.

- Payment enclosed with University Housing Application
- Coppin State ID Number Included on Application
- Completed Housing Application

Submit Housing Application and \$150 application fee to:

Business Office
Coppin State University
2500 W. North Avenue
Baltimore, MD 21216-3698

MEDICAL CLEARANCE FORM

Full Name of Student _____

CSU ID Number _____

HEPATITIS B VACCINE REQUIREMENT

All students residing in the CSU student housing must provide proof of immunization dates for **3 doses** of Hepatitis B vaccinations or proof of immunity by means of blood.

MENINGOCOCCAL VACCINE REQUIREMENT

All students residing in CSU housing must provide proof of Meningococcal vaccine as required by Maryland law for residence in on-campus student housing at an institution of higher education. Documentation from a physician or health clinic of receipt of vaccine is required. Students may also choose to waive this vaccine as detailed below.

Please submit proof of vaccines along with this cover sheet to :

Community Health Center
Coppin State University
2601 W. North Avenue Suite 131
Baltimore, MD 21216
Phone: (410) 951-4188
Fax: (410) 951-6158
Email: healthcenter@coppin.edu

WAIVER INFORMATION

Individuals 18 years of age and older may sign a written waiver choosing not to be vaccinated against meningococcal disease. For individuals under 18 years of age, the parent or guardian of the individual must review the information on the risks of meningococcal disease and sign a written waiver that he/she has chosen not to have the individual vaccinated against meningococcal disease.

For individuals 18 years of age or older:

I am 18 years of age old or older. I have received and reviewed the information provided on the risk of meningococcal disease and the effectiveness and availability of meningococcal vaccine. I understand that meningococcal disease is a rare but life threatening illness. I understand that Maryland law requires that an individual enrolled in an institution of higher education in Maryland who resides in on-campus student housing shall receive vaccination against meningococcal disease unless the individual signs a waiver to the vaccination.

I choose to waive receipt of meningococcal vaccine.

Signature of Individual

Date

For individuals under the age of 18:

I have received and reviewed the information provided on the risks of meningococcal disease and the effectiveness and availability of meningococcal vaccine. I understand that meningococcal disease is a rare but life threatening illness. I understand that Maryland law requires that an individual enrolled in an institution of higher education in Maryland who resides in on-campus student housing shall receive vaccination against meningococcal disease unless a waiver to the vaccination is signed.

I choose to waive receipt of meningococcal vaccine for my child,

(Name of child)

Signature of Parent/Guardian

Date

For individuals who wish to waive any and all immunizations for religious reasons:

I am 18 years of age or older. Due to my religious convictions, I choose not to receive any immunizations. CSU shall assume no responsibility for my decision to forgo these inoculations. I release CSU, its officers, agents and employees from any liability on account of this decision.

Signature of Individual

Date