

Office of Enrollment Services  
Room Reservation Form



**Rust College**  
150 Rust Avenue  
Holly Springs, MS 38635-0000  
(662) 252-8000, Ext. 4058/4059  
1 (888) 886-8492, Extension  
www.rustcollege.edu

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street of P.O. Box City State Zip

Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell or Work)

Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street or P.O. Box City State Zip

Roommate Preference: \_\_\_\_\_  
\_\_\_\_\_

Applicant Classification: Fr. \_\_\_ So. \_\_\_ Jr. \_\_\_ Sr. \_\_\_ Amount Enclosed: \_\_\_\_\_

.....

All residential students are required to pay a \$50.00 room reservation fee annually to reserve a space in campus housing. This fee must be paid to guarantee campus housing. All students are strongly encouraged to pay this fee as early as possible because of the high demand for campus housing. Spaces fill up quickly, so don't delay!!!

Students are entitled to a refund, if the request is made prior to August 1, for the Fall semester and December 1, for the Spring semester. A \$15.00 processing fee will be deducted from all room reservation fees. After the above dates, NO REFUND !!!

Rust College's property insurance coverage is not designed to cover the personal effects of students (i.e., stereo and computer equipment, clothes, and other personal items). It is important that students understand that the purchase of property insurance for personal items is their responsibility. We recommend that you contact National Student Services, Inc. (NSSI), for information on student's personal effects property insurance. NSSI offers affordable personal property coverage for purchase by students, and will be pleased to provide coverage. They may be reached at 1(800) 252-6774, or you may apply on line at [www.nssinc.com](http://www.nssinc.com).

.....

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

Do not write below dotted line

.....  
Date received: \_\_\_\_\_ Signature: \_\_\_\_\_  
Amount Received: \_\_\_\_\_ Residence Hall: Male \_\_\_ or Female \_\_\_