**EAST TENNESSEE STATE UNIVERSITY**
**DEPARTMENT OF HOUSING AND RESIDENCE LIFE**
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JOHNSON CITY, TENNESSEE 37614-1710
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EAST TENNESSEE STATE UNIVERSITY
Department of Housing and Residence Life

# FALL 2020- SPRING 2021 PRIVATE ROOM AGREEMENT

**PRINT YOUR FULL LEGAL NAME**

I, _____, accept a private room in
**FIRST** **MIDDLE** **LAST**

_____ _____
**RESIDENCE HALL** **ROOM #**

By signing this agreement, "I agree", you agree to pay the private room rate which is posted on our webpage for each semester.

I understand that I may cancel the private room agreement until **July 31, 2020, without penalty**. After **July 31, 2020**, and/or payment of rent, I would be obligated to the agreement and would receive no refund, even if I decide to accept a roommate or move to another room.

IN WITNESS WHEREOF, THE PARTIES HAVE EXECUTED THIS AGREEMENT THIS

DATE _____