

EAST TENNESSEE STATE UNIVERSITY
DEPARTMENT OF HOUSING AND RESIDENCE LIFE
P.O. BOX 70723
JOHNSON CITY, TENNESSEE 37614-1710
TELEPHONE: (423) 439-4446 • FAX: (423) 439-4690



FALL 2024 - SPRING 2025 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 stipulated on our [webpage](#) for each semester.

I understand that I may cancel the private room agreement until **June 1, 2024, without penalty**. After **June 1, 2024**, 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 _____

Student’s Signature

Student’s E#

Parents/Guardian’s Signature of Student Under Eighteen Years of Age