

# WHAT'S NEXT?

Follow the steps below to secure your housing assignment. You **must** be admitted and enrolled at Coppin State University for your application to be processed.

1. Complete this application and sign your housing contract. Return both via email to [housing@coppin.edu](mailto:housing@coppin.edu).
2. Pay the \$150 Housing Fee online at <https://tinyurl.com/CSUHousingFee>. Forward your payment confirmation email to [housing@coppin.edu](mailto:housing@coppin.edu).
3. Submit your immunization records to the Health Center at [healthcenter@coppin.edu](mailto:healthcenter@coppin.edu).
4. Continue to check your email account you provided on the application for updates.

It is that easy! Once those steps have been completed, keep an eye on your Coppin email address for updates and information on room assignments and move-in.

## Housing Application Important Dates:

**Guaranteed Housing:** Dec 1<sup>st</sup> – May 15<sup>th</sup>

Any applications received after May 15<sup>th</sup> will be assigned on a first come first serve bases until Housing is full.

# 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.



*\*This rate comparison looks at the estimated cost difference between living on-campus versus living off campus for an academic year. The on-campus price includes all amenities, plus a full meal plan. Off campus includes estimates for transportation, parking, and meals. Please understand that housing rates are subject to change.*

### Contact Us:

Office of Residence Life & Housing  
2500 W. North Avenue Baltimore, MD 21216

410-951-6300

[housing@coppin.edu](mailto:housing@coppin.edu)

[www.coppin.edu/housing](http://www.coppin.edu/housing)

# Live@Coppin



**APPLICATION FOR HOUSING**

Application for (Semester and Year)  Fall \_\_\_\_\_  Spring \_\_\_\_\_

Name \_\_\_\_\_ CSU ID # \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_  
Number and Street Apt #  
\_\_\_\_\_  
City/ State or Country Zip Code

Email Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Do you wish to receive housing-related texts? YES NO

Gender:  Male  Female Date of Birth (month/day/year) \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Email Address \_\_\_\_\_ (To receive pertinent housing-related emails)

Classification  FR  SO  JR  SR  TRANSFER Major \_\_\_\_\_

Special Classification\*:  Honors  Athlete - which team? \_\_\_\_\_

\* Housing will verify your special designation with Honors and/or the Athletic Department

**MEAL AND ROOMMATE PREFERENCES**

**Meal Plan:** A meal plan is **required** for every student who lives on campus. If you do not choose a plan, you will receive the silver plan as a default.

*Please select your desired meal plan. Changes can be made through the first day of move-in.*

- Bronze – includes unlimited meals + \$50 dining dollars + 3 Guest Swipes
- Silver – includes unlimited meals + \$100 dining dollars + 6 guest meal passes per semester
- Gold – includes unlimited meals + \$150 dining dollars + 10 guest meal passes per semester

**Roommate Request Disclaimer**

Roommate requests must be mutual, your requested roommate must also request you. Roommate requests are not guaranteed and will be granted based on availability. Once your assignment has been made, no changes can be made until two weeks following move-in. Please initial to indicate your understanding of this disclaimer: \_\_\_\_\_

Roommate's Name \_\_\_\_\_ CSU ID # \_\_\_\_\_  
Last First MI

*Please allow 2-4 business days for your complete application to be processed.  
All follow up information will be sent to your Coppin State University email address.*



## APPLICATION FOR ON-CAMPUS HOUSING: EMERGENCY CONTACT INFORMATION

**PLEASE ENTER YOUR PARENT OR LEGAL GUARDIAN INFORMATION BELOW.**

Parent/ Guardian's Name \_\_\_\_\_  
Last Name First Name

Parent/ Guardian's Address: \_\_\_\_\_  
Number and Street Apt #

\_\_\_\_\_  
City/ State or Country Zip Code

Parent/Guardian's Email Address: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

Parent/Guardian's Relation (Mother, Father, etc.) \_\_\_\_\_

### **PLEASE ENTER SECONDARY EMERGENCY CONTACT INFORMATION. (IF NONE ARE AVAILABLE, PLEASE LEAVE BLANK).**

Parent/ Guardian's Name \_\_\_\_\_  
Last Name First Name

Parent/ Guardian's Address: \_\_\_\_\_  
Number and Street Apt #

\_\_\_\_\_  
City/ State or Country Zip Code

Parent/Guardian's Email Address: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_

Parent/Guardian's Relation (Mother, Father, etc.) \_\_\_\_\_



## Medical Clearance Form

\_\_\_\_\_  
Name of Student/Individual

\_\_\_\_\_  
CSU ID Number

\_\_\_\_\_  
Signature of Individual 18 years or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of Individual under 18 years of age

\_\_\_\_\_  
Date

### MENINGOCOCCAL VACCINE REQUIREMENT

All students residing in CSU housing must provide proof of meningococcal vaccine as required by Maryland law for individuals residing in on-campus student housing at an institution of higher education. Documentation from a physician or health clinic of receipt of vaccine is attached.

### 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.

#### **Attach Receipt of the Vaccines & Return 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](mailto: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

rev. 6/2023

\_\_\_\_\_  
Date