Request for Overnight Stay (1)

Room	Date of	
number	overnight	
	stay	
Name of	Name of	
resident	guest	
Guest's	Phone	
relation to	number	
resident	of guest	
Guest's		
address		
Signature		
of all		
roommates		
Teacher on		
duty		

Notes:

- 1. This form is strictly to request overnight stay for fathers or brothers of residents; overnight stay for mothers and sisters is permitted in Building 30.
- 2. Overnight stay application process:
 - a. The completed form must be signed by all fellow residents in the same room to indicate they consent to the guest's overnight stay.
 - b. Overnight stay must be requested in advance and submitted to the women's dormitory office no later than 21:00 of the same evening.
 - c. Guests must check-in at the front desk with a valid ID when entering the dormitory and check-out when leaving the dormitory.
 - d. Each request for overnight stay (by the same resident) is valid for two days. Guests are prohibited from staying overnight if the application

Request for Overnight Stay (2)

Room	Date of	$\overline{\mathbf{x}}$
number	overnight	op
	stay	k c
Name of	Name of	les
resident	guest	nt c
Guest's	Phone	(Front desk copy)
relation to	number	(F
resident	of guest	
Guest's		
address		
Signature		
of all		
roommates		
Teacher on		
duty		

Notes:

- 1. This form is strictly to request overnight stay for fathers or brothers of residents; overnight stay for mothers and sisters is permitted in Building 30.
- 2. Overnight stay application process:
 - a. The completed form must be signed by all fellow residents in the same room to indicate they consent to the guest's overnight stay.
 - b. Overnight stay must be requested in advance and submitted to the women's dormitory office no later than 21:00 of the same evening.
 - c. Guests must check-in at the front desk with a valid ID when entering the dormitory and check-out when leaving the dormitory.
 - d. Each request for overnight stay (by the same resident) is valid for two days. Guests are prohibited from staying overnight if the application

Request for Overnight Stay (3)

Date of overnight	
stay	
Room number	
Name of resident	
Signature of all roommates	
Teacher on duty	

(Student copy

Notes:

- 1. The request must be approved by the dormitory office or teacher on duty to be valid.
- Unapproved guest shall be asked to leave the dormitory immediately.