



University of  
**LOUISIANA**  
at Monroe

**Recruitment and Admissions  
Office of International Student  
Programs and Services**

700 University Avenue • Monroe, LA 71209-1160

Phone: 318.342.5225 • Fax: 318.342.6766 • Email: international@ulm.edu

**International Student Center Overnight Stay Application Form**

**STUDENT INFORMATION: TO BE COMPLETED BY THE STUDENT (PLEASE PRINT OR TYPE)**

Full Name:

Date of Birth:

Phone:

Email:

Current address:

City:

State:

ZIP Code:

CWID#

SEVIS Number:

MALE ☐ FEMALE ☐

Expected Graduation Term:

Spring ☐ Summer ☐ Fall ☐

Year:

Undergraduate ☐ Graduate ☐

**STAY INFORMATION**

**DATES REQUESTED**

Check-in date:

Time of check-in:

Check-out date:

Time of check-out:

Total Number of Nights:

SPECIAL NEEDS:

Need a ride to the airport? Y/N (please circle)

I have read and agree to the terms of use of this facility, including payment of \$20/night due upon arrival. I understand that violation of Liew Family International Student Center Policy could lead to the revocation of my privileges related to the use of the facility.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_