



CAMBRIA HOUSE REQUEST FORM

This form is to be used to request a temporary stay in Cambria House through the Office of International Programs and Services (IPS). Please complete request form no later than 5 weeks prior to intended stay. Once the request is submitted, IPS will notify you whether the house is available for the requested period. You will receive further information once your request has been approved.

DEPARTMENT INFORMATION

Department Contact	Department	
MU Email	MU Phone	Mobile Phone

PURPOSE OF VISIT

Please provide a short description of how your visit will promote MU's internationalization initiatives.

How many guests will you host at Cambria House (excluding family members): <input type="checkbox"/> one <input type="checkbox"/> two (maximum)	Check-In Date and Time	Check-Out Date and Time
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PRIMARY GUEST INFORMATION

Full Name (incl. title if applicable)		Affiliated Institution	
Mailing Address			
Email	Phone Number	Will there be a spouse or child visiting with this guest? <input type="checkbox"/> yes <input type="checkbox"/> no	
Name of Spouse (if applicable)	Name and Age of Child (if applicable)	Name and Age of Child (if applicable)	

ADDITIONAL GUEST INFORMATION

Full Name (incl. title if applicable)		Affiliated Institution	
Mailing Address			
Email	Phone Number		

READ STATEMENT BELOW AND SIGN

- I hereby certify that all information above is true and accurate.
- I agree to abide by IPS guidelines and expectations regarding the use of Cambria House.

Signature _____

Date (month/day/year) _____