



COLLEGE OF MICRONESIA - FSM

P.O Box 159 , Kolonia, Pohnpei
 Federated States of Micronesia 96941

Residence Hall

Phone: (691) 320-2480 Ext. 162, 163

Fax: (691) 320-2479

Check- in /Check Out Form
 Department Of Student Services Residence hall

_____	DATE and Initial Key issued
_____	DATE and Initial Key Returned
_____	Date and Initial No key Returned
You will be charged \$50.00 for lost key	

Last Name _____ First Name _____ Middle Initial _____

Hall _____ Room # _____ Semester _____ Year _____

Please verify the room condition by reviewing and signing this form, each resident is responsible for all damages in his/her room and will be charged for repairs or replacements resulting from unexpected wear. Failure to complete the room check statement (including signature) does not remove the responsibility for such repairs or replacement and may result in an improper check out charge. A cleaning fee will be charged if your room is left dirty at the time you checked out. You must not change the arrangement of your room without the Residence hall in charge's approval. All violators will be penalized. Your \$50.00 residence hall fee will not be reimbursed to you without this form and memo signed by both Residence hall in Charge and Vice President for Student Services. Thank you for your cooperation.

Condition at check in	Room Items	Condition at check out	Charges
	Lockers		
	Drawer (s)		
	Desks		
	Lights		
	Bulletin boards		
	Chairs		
	Bed Frames		
	Bunk or Un bunk		
	Mattress		
	Door		
	Lock		
	Floor		
	Wall		
	Window		
	Safety screen		
	Emergency window		
	Ceiling		
	Ceiling fan		
	Lights		
	Electrical Outlets		
	Baseboards		
	Hall way windows		
	Trashcan		
	Broom		
AT CHECK IN			
I HAVE READ AND AGREE WITH THE ABOVE:			
Student _____	Date _____	Lock Change	
		Improper Check out	
		Common damages	
		Total charges	

AT CHECK-OUT TIME

STUDENT _____ DATE ___/___/___ RESIDENCE HALL STAFF _____ DATE ___/___/___

RESIDENCE HALL IN CHARGE _____ DATE ___/___/___