

# Resident Assistant Acceptance Form

Please return this completed form to the Residence Life Office located in room 126 of the Campus Wellness and Living Center no later than Tuesday March 5<sup>th</sup> 2019 at 5pm. **Any candidate who does not return this form by March 5<sup>th</sup> will not be considered for the R.A. position for the 2019-20 academic year.**

## Contact Information

T-Shirt Size: \_\_\_\_\_

Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Hofstra Pride E-mail: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

- I wish to accept the Resident Assistant position.
- I wish to decline the Resident Assistant position I have been offered. I understand that I will not be considered for any future positions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date