Bowling Green State University  
Greek Housing Replacement Project  
Third Housing Preferences Form – Due October 5, 2012

Name of Greek Organization ____________________________________________

Replacement Housing Preferences (Be consider the respective rental rates/parlor fees, as well as financial risk and conditions related to selection of Detached/Stand-Alone Options or Options which exceed recommended bed capacity or size of common area spaces)

Step 1.
Please indicate your preferred bed capacity _________________ (single number or range is acceptable).

Step 2.
Please rank your TOP 3 preferred University-financed housing types. ____________________________________________________  ____________________________________________________  ____________________________________________________

Founders Renovation Option (2-6 Beds) ________
Townhome Unit with 4 Beds ________
Townhome Unit with 13 Beds ________
Townhome Unit with 12 Beds and a 500 square foot chapter room ________
Townhome Unit with 18 Beds and a 750 square foot chapter room ________
Townhome Unit with 29 beds and a 1,250 square foot chapter room ________
Residence Hall Style – RH-A (12 Bed Clusters, 500 sf Chapter Room) ________
Residence Hall Style – RH-C (19 Bed Clusters, 750 sf Chapter Room) ________
Residence Hall Style – 26 Bed Clusters, 1,250 sf Chapter Room (no plans shown) ________

OR Select the appropriate option below.

Opt Out – Not Interested in Participating in Replacement Greek Housing ________
• Recognizing that staying in the current facility is not an option.

We want to build a detached/Stand-Alone House – On University Land (Ground Lease) ________

Step 3.
Please obtain the following legally non-binding signatures to acknowledge consensus concerning housing type rankings.

Chapter President: ______________________________  ______________________________ ____________
(Printed Name)    (Signature)                 (Date)

Chapter Advisor/: ______________________________ ____________
(Printed Name)    (Signature)                 (Date)

Graduate Chapter Rep. ______________________________ ____________
(Printed Name)    (Signature)                 (Date)

House Corporation: ______________________________ ____________
(Printed Name)    (Signature)                     (Date)

(Inter)National Office Official/ _________________________ ______________________________ ____________
(Printed Name)   (Signature)                (Date)

State/Regional Official ______________________________ ______________________________ ____________
(Printed Name)    (Signature)                 (Date)

Please submit this completed document by October 5, 2012, to Chris Bullins via email at chrishb@bgsu.edu, fax to (419) 372-0455, or mail to Bowling Green State University, 401 Bowen-Thompson Student Union, Bowling Green, OH, 43403.