

THE COLLEGE OF NEW JERSEY
OFFICE OF TELECOMMUNICATIONS
 APPLICATION FOR TCNJ FULL RESIDENCE HALL TELEPHONE SERVICE

Date: _____

RETURN TO:
 The College of New Jersey
 Office of Telecommunications
 P.O. Box 7718
 Ewing, NJ 08628-0718
 (609) 771-2595

TERM OF SERVICE: (MUST SELECT ONE)
 _____ Fall & Spring Semester – Aug thru May
 _____ Fall Semester Only – Aug thru Dec
 _____ Spring Semester Only – Jan thru May

Name: _____
 Last Name (Please Print Legibly) First M.I.

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () — .

Campus Address: _____
 Residence Hall Room # Ext. # (If Known)

Please Check One: Freshman Sophomore Junior Senior Other _____

REQUESTED ACTIVATION DATE: (If no date is entered in this section, the default activation date will be the Move in Date for your specific class, as stated by Residence Assignments. You must complete and sign this section, if you are requesting any other date.)

I will be arriving earlier in August and would like to request that my service be activated on 8 / / . *

I prefer to have my service activated in September on 9 / / . *

*I am aware that I will be charged for a full month, if my service is activated between the 1st & 15th of the month. I am also aware that I will be charged for half a month of service, if I activate any day between the 16th and the last day of the month.

Signature Required : _____

Plan Selection (Please choose ONE. See details online. If you do not indicate a plan, the STANDARD PLAN will be selected for you.)

- STANDARD PLAN (unlimited local & toll free calling) (\$12/mo, 9¢/min nationwide long distance rate)
- PLAN A (\$12/mo, 100 min, 25¢/min over) PLAN E (includes internat'l calls) (\$20/mo, 100 min, 35¢/min over)
- PLAN B (\$24/mo, 300 min, 20¢/min over) PLAN F (includes internat'l calls) (\$30/mo, 300 min, 30¢/min over)
- PLAN C (\$30/mo, 500 min, 15¢/min over) PLAN G (includes internat'l calls) (\$40/mo, 500 min, 25¢/min over)
- PLAN D (\$50/mo, 1000 min, 10¢/min over)

I understand that upon submission of this signed application, I am authorizing the Office of Telecommunications to activate TCNJ Full Residence Hall Telephone Service in my name. Therefore, my account will be charged the activation fee of \$40, which will appear on my first telephone bill. Payment must then be made by the due date shown on that bill. **Do not submit payment with this application.** This is a **nonrefundable fee** not a deposit.

I hereby certify that I have applied for TCNJ Full Residence Hall Telephone Service and realize that my application for service is contingent on my being accepted for a Residence Hall room and my occupying said room.

I have read the Terms & Conditions and the General Information FAQs located on the Telecommunications Web Page (<http://www.tcnj.edu/~nts/telephone/>) and agree that they constitute a part of this agreement in full. I understand I will receive my bills via email. I understand that I will continue to be billed a monthly line charge until the end of the term I have selected above, unless, I submit a "Cancellation of Service" form, located in the Office of Telecommunications, prior to the end of the term. An idle account, withdrawal from the College, December Graduation, or relocation to off campus housing does not automatically cancel your telephone service. You must personally submit, to the Office of Telecommunications, the completed "Cancellation of Service" form.

Social Security No. - - Student ID No.

Student's Signature Required: _____

-----***DO NOT WRITE BELOW THIS LINE * OFFICE USE ONLY***-----

PBX _____	ACT FEE - \$40 _____ \$20F _____ \$20S _____	AC _____
TSOFT _____	PLAN FEE (1 st Month) - F _____ H _____	
	PLAN CHANGE FEE - 1 st Free _____	AC _____
CANC _____	\$10 Ea Addl - _____	\$5.00 - Y _____ N _____
ADJ _____	2 nd 3 rd 4 th	FAC - Act _____ Dsc _____