

2011 Visitor Policy & Visitor Request Form

Visitor Policy for Summer Conference Guests

- Summer Conference Guests may have overnight visitors if the request has been approved by a Drexel Conference Center staff member or a member of the Office of University Housing. A signed copy of this form may be presented to the front desk staff member as proof of approval.
- 2) Requests for overnight visitors must be submitted three (3) business days in advance of the visitor's arrival. Requests must be submitted via email to aip23@drexel.edu. This form may also be filled out and sent to the address below.
- 3) The regular overnight visitor policy for guests over the age of 18 is as follows: Visitors may stay for a maximum of three (3) nights and may not stay in a conference building or residential hall for more than three (3) consecutive nights. Conference guests may not have more than three (3) guests at one time. An overnight visitor is defined as anyone in the guest's room anytime between 3:30 a.m. and 7:00 a.m. This form should be used ONLY if a conference guest wishes to be granted an exception to the regular guest policy.
- A conference guest may not pressure his/her roommate or suitemate(s) to tolerate the presences of an overnight visitor. All visitors to a room are subject to the agreement of all room residents.
- Conference Guests must escort their visitors throughout the building at all times.
- Overnight visitors must be 18 years or older and will be required to provide photo ID to the front desk staff.
- Regular visitors who are not staying overnight may visit during the day, between the hours of 7am and 11pm and must check out before 11pm.
- All Drexel students who are living in conference buildings (Towers, Millennium, Race and Kelly) during the summer are expected to follow this policy as well as policies regarding overnight guests that are outlined in the Student Handbook: http://www.drexel.edu/studentlife/studenthandbook/Handbook.html

Visitor Reques Please print clearly	st Form for	Summer Con	ference Guest	:S	
Name of Conferen	ce Guest:				Age:
Email:			Phone:		
Building (Circle)	Towers	Millennium	Race Street Res	idences	Kelly
Room Number:	1	Name of Program	:		
Dates of Stay (for Overnight Visitor):			to _		
Relationship of Gu	est to Overniç	tht Visitor (Circle):	:		
Parent Sil	bling	Significant Other	Friend	Other	
Name of Overnight Visitor:				Age:	

o

Internal Use Only:	
Date Received:	
Approved by (Name, Title, Date):	
Signature:	