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## Gender Inclusive Housing Community Agreement Fall 2016 – Spring 2017

Gender Inclusive Housing is an on-campus living option available to our students who wish to belong to a welcoming community not restricted by gender identity or expression. This option will be available to all interested students regardless of race, gender, sexuality, or any other identity.

As residents within Gender Inclusive Housing, I agree to the following:

- I will adhere to all University and Residence Hall policies in accordance to Frostburg State University's Policy Statements and the Residence Hall Guide.
- I understand that an inclusive, affirming, and safe living environment is contingent upon the effort of all community members.
- ✓ I will assist other residents living within Gender Inclusive Housing to maintain a space that is inclusive, affirming, and safe for all residents.
- I am encouraged to have open dialogue with my parent(s) or guardian(s) about my choice to reside in Gender Inclusive Housing.
- ✓ I will promote and attempt to use inclusive language within and outside of the community. This includes what is referred to as Preferred Gender Pronoun (PGP) as the individual wishes to be called.
- ✓ I will educate guests to the community on the agreed-upon standards and guidelines set forth by this community agreement. My guest will be my responsibility both in terms of campus policies but also in terms of behavior to affirm and support all gender identities and expressions.
- ✓ I agree that by participating in the Residence Life Office room sign-up process that I will reside in this assigned space for the academic year unless I go through the appropriate Room Change process.

Full Name:	FSU ID:	
Cell Phone:	FSU Email:	@frostburg.edu
Current On-Campus (or Off-Campus) Address	::	

By signing below, I confirm that I have read all of the information within this agreement and am aware that I can be assigned a roommate(s) who is also committed to Gender Inclusive Housing (GIH) if a vacancy occurs within my room.

Signature:		Date:
Staff Signature:		Date:
Residence Life Office Approval: Y	N	Date: