

Laurentian University Residence Application

2010-2011 Academic Year

After consulting & reviewing Residence Information section, please indicate your preference of FIRST and SECOND choice of residence* (by number) * Subject to Availability	FOR OFFICE USE ONLY	<i>DB</i>
	REC'D DATE	
	ACCEPT DATE	
	DEP. RECT #	R
	ROOM ASSIGNMENT	

ENSURE ACCURACY – PLEASE PRINT

STUDENT NUMBER	SURNAME	GIVEN NAMES

HOME OR PERMANENT ADDRESS

STREET NUMBER & NAME	PO BOX / APARTMENT	CITY
PROVINCE	COUNTRY OF CITIZENSHIP (For International Applicants)	POSTAL CODE
TELEPHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS (@laurentian.ca preferred) <small>*Returning student correspondence will be made through your Laurentian email account</small>

MAILING ADDRESS

SAME AS HOME ADDRESS OR:

STREET NUMBER & NAME	CITY	PROVINCE	POSTAL CODE

EMERGENCY NOTIFICATION:

NAME	RELATIONSHIP	PHONE NUMBER	ADDRESS		
DO YOU PERMIT RESIDENCE OFFICE TO DISCUSS MATTERS RELATING TO YOUR APPLICATION STATUS ONLY WITH THE PERSON(S) NAMED IN THE EMERGENCY NOTIFICATION COLUMN?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No				

				Male Female	Sept to Dec ONLY Jan to Apr ONLY Sept to Apr	Full-Time Part-Time	Secondary School Graduate in 2010 ISEP International NOSM Other (Specify) _____
DATE OF BIRTH			SEX	APPLYING FOR:		STUDENT STATUS	

I INTEND TO REGISTER IN: (PROGRAM NAME) ENTERING MY _____ YEAR OF STUDY	Do you smoke?		Yes	No	ROOM / MATE / APARTMENT PREFERENCES*	
	Would you prefer a 24-hour, 7 day-week quiet apartment / floor?*		Yes	No		
	Would you prefer an environment that is:*		English	French	Bilingual	
	PROGRAM/ YEAR OF STUDY					RESIDENCE ENVIRONMENT PREFERENCES (* - Subject to Availability)

CONTINUED ON BACK

Yes	No		Yes	No		Yes	No
Do you CURRENTLY live in Residence?		Which Residence?	Have you lived in a Residence before?		If 'Yes', in which residence did you reside?	At any time, were you asked to leave the residence?	
					Do you suffer from allergies?	If "YES"	
					YES	NO	MILD SEVERE
HEALTH CARD NUMBER w/VERSION CODE			HEALTH CONCERNS		ALLERGY INFORMATION		
For returning students, or MSR/West Applicants Number of Credits as of 1 September, 2010?			Marital Status		List any Special Needs		

ADDITIONAL INFORMATION FOR MATURE STUDENT RESIDENCE (MSR) APPLICANTS ONLY			
CO-RESIDENT SURNAME		CO-RESIDENT FIRST NAME	
CHILDREN NAME(S)			
Yes	No		
IS YOUR CO-RESIDENT A STUDENT?	CO-RESIDENT STUDENT NUMBER	DATE OF ARRIVAL	DATE OF DEPARTURE

PLEASE NOTE:

This is an application form ONLY, and NOT a guarantee of residency.

- Some residences require further application procedures. Applicants are advised to read/follow these requirements. (See next page)
- All applications from 2010 High School Graduates must reach the Residence Office by the 28th of May, 2010 to be considered for the first-round offer. Other applicants may apply at any time. The process of selection varies by residence. Offers of residency will be made via email or telephone after the second week of June. Those students not offered accommodation in the first-round will be placed on a waiting list.
- Residence Offices must be made aware of ANY and ALL changes to the information provided in this application.
- Prior to an OFFER of residency, all inquiries may be directed to residences@laurentian.ca. After an offer has been made, inquiries and payments must be made to the respective residence that your offer was received from.
- A residence activity fee and caution fee will be levied to every student in addition to the residence fee. Amounts vary by residence.
- A deposit will be required upon notification that a place in residence has been reserved for you.
- Residence Deposits are NON-REFUNDABLE.

2010-2011 RESIDENCE FEE SCHEDULE (CAD)

	Huntington	Sudbury	Thorneloe	University College	Single Student	West Residence	Mature Student Residence
Double	\$3375	\$3375		\$3825	\$3950		Unit Price
Single	\$4040	\$4040	\$4040	\$4500	\$4625	\$5200	\$720/month
Deposit	\$550	\$500	\$510	\$500	\$500	\$500	\$500

YOUR PRIVACY - FREEDOM OF INFORMATION AND PRIVACY PROTECTION ACT STATEMENT

The information on this form is collected by the Residence Office and Residence Life Office under the Authority of "The Laurentian University of Sudbury Act, 1960". It is related directly to and needed by the noted offices and the University in order to process your application for residence.

The Residence Office and Residence Life Office uses and discloses your personal information to enable us to run an efficient and effective residence program.

Within the University, we may share personal information with a number of units including the Registrar's Office, Campus Security, Health Services, Counseling Services, Community Rights Office and Senior Administration.

If you have any questions about the collection, use and disclosure of this information, please contact the Residence Office at (705) 675-4814.

DO YOU PERMIT RESIDENCE OFFICE TO SHARE PERSONAL INFORMATION ABOUT YOU TO YOUR ROOMMATE(S) SUCH AS NAME, EMAIL or CONTACT NUMBER?	Yes	No
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"I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE."