



THIS AREA FOR OFFICE USE ONLY – DO NOT FILL IN

Application Date \_\_\_\_\_

Application Fee Received Yes  No

APPLICATION FOR RESIDENCE ACCOMMODATION

NOTE: ALL OF OUR RESIDENCE BUILDINGS AND ROOMS ARE SMOKE FREE.

APPLICATIONS WILL ONLY BE PROCESSED WHEN ACCOMPANIED BY A \$50 NON-REFUNDABLE APPLICATION FEE. ALL INFORMATION MUST BE COMPLETED FULLY TO BE PROCESSED.

PERSONAL INFORMATION (All correspondence will be mailed or e-mailed to this address unless the Residence Office receives a change of address in writing).

Name: \_\_\_\_\_ (family name) (first name) (middle initial) (name known by)

Address: \_\_\_\_\_

City/Province/Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address (required): \_\_\_\_\_

Gender: Male  Female  Date of Birth (mm/dd/yy): \_\_\_\_\_

Citizenship status in Canada (please check one only): Canadian Citizen  VISA Student  Permanent Resident

STUDENT INFORMATION (choose one of the following):

U of R Student UofR Student # (if known): \_\_\_\_\_ Year graduated from high school? \_\_\_\_\_

Faculty in which you are registered or applying: \_\_\_\_\_

Academic Year for which you are registered: 1st  2nd  3rd  4th  Grad

ESL Student Start Date: \_\_\_\_\_

SIAST Student If yes, what SIAST program are you registered in? \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Have you lived with us before? Yes  No  In what year? \_\_\_\_\_

Period for which accommodation is required:

- Fall & Winter Semesters  Spring Session May  June  Winter Semester  Summer Session July  August

## RESIDENCE INFORMATION

All rooms have high-speed internet access lines.

### NORTH & SOUTH RESIDENCES

Please Select 4 Preferences indicating your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> choices by marking the number in the appropriate boxes.

#### Room Type:

- |                              |                          |                           |                          |
|------------------------------|--------------------------|---------------------------|--------------------------|
| One Bedroom Apartment        | <input type="checkbox"/> | Studio Apartment          | <input type="checkbox"/> |
| Two Bedroom Apartment        | <input type="checkbox"/> |                           |                          |
| Three Bedroom Apartment      | <input type="checkbox"/> |                           |                          |
| Four Bedroom Apartment       | <input type="checkbox"/> |                           |                          |
| Dorm Room – Private washroom | <input type="checkbox"/> | <b>Meal Plan required</b> |                          |
| Dorm Room – Shared washroom  | <input type="checkbox"/> | <b>Meal Plan required</b> |                          |

### COLLEGE WEST

#### Room Type:

- |  |                          |                              |                          |
|--|--------------------------|------------------------------|--------------------------|
| Single Bedroom                                     | <input type="checkbox"/> | Bedsitting Room (GRAD)       | <input type="checkbox"/> |
| Large Single Bedroom (2 <sup>nd</sup> year U of R) | <input type="checkbox"/> | Large Bedsitting Room (GRAD) | <input type="checkbox"/> |

### LA RÉSIDENCE

**NOTE: There is a mandatory meal plan at La Résidence during Fall and Winter semesters.**

Do you speak French fluently? Yes  No

and/or

I am registered for the following French classes this Semester:

\_\_\_\_\_

#### Room Type:

- |                |                          |                      |                          |
|----------------|--------------------------|----------------------|--------------------------|
| Single Bedroom | <input type="checkbox"/> | Large Single Bedroom | <input type="checkbox"/> |
|----------------|--------------------------|----------------------|--------------------------|

## IN CASE OF EMERGENCY, CALL:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

## SPECIFIC PERSONAL INFORMATION

(please complete this section so we may appropriately assign you within Residence)

Do you require a room for students with environmental sensitivities or disabilities? Yes  No

If yes, please provide details: \_\_\_\_\_

Do you wish to live in a co-ed apartment? (*Co-ed* means males & females living in the same apartment). Yes  No

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Do you wish to live in a quiet area? Yes  No

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Do you have special dietary, religious or lifestyle needs? Yes  No

If yes, please provide details:

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### **SPECIFIC ROOMMATE PREFERENCE**

(please complete this section so we may appropriately assign you within Residence)

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

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### **APPLICATION FEE**

**Your application will not be processed unless it is accompanied by a non-refundable application fee of \$50. If you are assigned a room and fail to occupy your room within one week after classes are officially scheduled to begin, and you have not notified the Residence Office of your late arrival, your room will be reassigned.**

### **RESIDENCE CONTRACTS AND PAYMENTS**

**Contracts are effective for the following periods:**

1. FALL SEMESTER: First day of classes to the day following your last exam date in December.
2. WINTER SEMESTER: First day of classes to the day following your last exam in April.
3. SPRING & SUMMER SESSIONS: Special conditions prevail which depend on the length of classes.

**Semester rent must be paid within fifteen days after the first day of classes.**

### **CANCELLATION of RESIDENT CONTRACT**

If you want to cancel your Resident Contract before the expiry date, you must complete an Application for Cancellation of Contract at the Residence Office and give a **minimum of 30 days notice**.

Resident contracts will be cancelled under the following circumstances:

1. A resident withdraws from, or is notified by the University that he/she is required to discontinue.
2. Medical reasons, certified in writing by a physician.

Special circumstances will be considered by management, but without an obligation to cancel a contract. It is important to note that a decision by a resident to move to alternate accommodation before his/her contract expires will not be considered grounds for cancellation. Before making plans to leave the Residence, discuss your options with Residence staff members and complete the necessary paperwork.

**Return completed form to:**

Residence Services  
Room SR 110  
University of Regina  
3737 Wascana Parkway  
Regina, SK Canada S4S 0A2  
Fax: (306) 585-5457 • E-mail: residences@uregina.ca