

**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 FEE. ALL INFORMATION **MUST** BE COMPLETED 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) (Preferred Name)

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

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

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

Email Address (required): \_\_\_\_\_

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

Citizenship status in Canada (Please check one only):

Canadian Citizen  Visa Student  Permanent Resident

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**STUDENT INFORMATION**

Are you a current resident of the University of Regina Residences?  No  Yes \_\_\_\_\_

UofR Student Number (if known): \_\_\_\_\_ Year Graduated from high school? \_\_\_\_\_

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

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

Are you a SIAST student?  No  Yes Which Program: \_\_\_\_\_

Have you lived on campus before?  No  Yes In which Residence? \_\_\_\_\_

Period for which accommodation is required:

Fall & Winter Semesters  Winter Semester Only  Spring/Summer

**THIS AREA FOR OFFICE USE ONLY - DO NOT FILL IN**

Application Date: \_\_\_\_\_ Application No: \_\_\_\_\_

Application Fee Received:  Yes  No Receipt No.: \_\_\_\_\_

**EMERGENCY ADDRESS**

FOR CONTACTING IN CASE OF EMERGENCY:  Check here if same as above

Name: \_\_\_\_\_

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

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

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

Email Address (required): \_\_\_\_\_

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**SPECIFIC PERSONAL INFORMATION**

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

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

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

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

Do you have an allergy to peanuts?  No  Yes

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

Are you a Cougar or Ram athlete?  Cougar  Ram  No

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**SPECIFIC ROOMMATE PREFERENCE**

(Please complete this section if you would like to reside with someone specific)

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

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

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

*Note: All roommates must submit an Application for Residence indicating the same roommate(s) in order to be considered for the same suite.*

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**RESIDENCE INFORMATION** (Please select 4 Room Type 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.)

All rates are based on single student accommodations. Dorm room rates do not include mandatory meal plan costs.

**North & South Residences**

___	Dorm Private Washroom*
___	Dorm Shared Washroom*
___	Studio Apartment
___	1 Bedroom Apartment (small)
___	1 Bedroom Apartment
___	2 Bedroom Apartment
___	3 Bedroom Apartment
___	4 Bedroom Apartment

\*Meal Plan Required

**College West**

___	Single Bedroom
___	Large Single Bedroom
___	Bedsitting Room*
___	Large Bedsitting Room**

\*A Bedsitting room is like a bachelor apartment with no living room.

\*\*A Large Bedsitting room has a living room.

**La Résidence**

___	Single Bedroom*
___	Large Single Bedroom*

\*Meal Plan Required

Do you speak French fluently?  No  Yes

**Dorm Style rooms require a mandatory meal plan during Fall/Winter semesters. The cost of meal plans are not included in the above rates.**

**APPLICATION FEE:** *Your application will not be processed unless it is accompanied by a non-refundable application fee of \$50.00. 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: Fall/Winter Semesters: First day of classes to the day following your last exam; Spring/Summer Semester: Special conditions prevail which depend on the length of classes.*

**Semester fees must be paid within fifteen (15) 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 a Contract Cancellation Request form 30 days prior to your requested move out date. This means a minimum of 30 days notice must be given to the Residence Office. Resident Contracts will be cancelled under the following circumstances: 1. Academic (A resident withdraws from, or is notified by the University that he/she is required to discontinue classes); 2. Medical (reasons as outlined by a physician in writing). 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, Email: residences@uregina.ca