

PERSONAL INFORMATION

Arrival Term: September January

Dalhousie Student Number <i>(leave blank if not known)</i>	Surname (print clearly)	Given Names (underline name normally used)
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PLEASE DO NOT WRITE IN SHADED AREAS

Gender: Male Female Date of Birth: _____/_____/_____
Year Month Day

Date Application Received	Date App Fee Received	Date Conf. Deposit Received
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APPLICANT STATUS

Exchange Student through International Student & Exchange Services Office. Please name your home institution and country: _____

Exchange Student through a Dalhousie University academic department. Please name the exchange program you are participating in and your contact within the Dalhousie department _____

FACULTY

Arts/Social Sciences Health Professions Management Science Dentistry Graduate Studies Law Medicine
 Other (please specify) _____

Are you here for one semester or the academic year? One semester Academic year (Sept - April)

Dates Attending: _____

CONTACT INFORMATION

Permanent Address (Street, Number, etc.)	City	Province	Country	Postal Code	Phone ()
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Student's e-mail address(es): _____

In case of emergency, contact (Name): _____ Relationship: _____

Contact's Address (Street, Number, etc.)	City	Province	Country	Postal Code	Phone ()
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CHOICE OF RESIDENCE TYPE

Fenwick Place (32nd or 33rd Floor) *(Exchange students only. Dormitory Style, single rooms, shared bathrooms and large communal kitchen facility and common area. Not suitable for family/married accommodation.)*

Please Note: Automatic first choice is Fenwick 32nd/33rd floor. Once these are full, we will try to assign you to your backup choice below. If you are not interested in the 32nd/33rd floor, do not use this application - please see our website for details on applying for other residences (<http://www.dal.ca/housing>).

Please number the **BOXES** below to indicate your **back-up residence choices** in order of priority:

Fenwick Place (Shared, furnished apartments, co-ed building. Meal plan optional. Not suitable for family/married accommodation.)

For more information about Fenwick Place, please email fenwick@dal.ca.

Traditional Residences (single/double furnished rooms, co-ed buildings. Meal plan mandatory. Not suitable for family/married accommodation.)

For more information about Traditional Residences, please email housing@dal.ca.

We invite you to visit our website at <http://www.dal.ca/housing> for more information about all our Residence options. If you would like to be placed with (or near) another particular student, please indicate them below:

Name: _____ Dalhousie Student # _____

LIVING/LEARNING STYLE INFORMATION

To help us make your transition to residence living a success, we ask you to answer all questions honestly.

NOTE: Smoking is prohibited on all Dalhousie property, including all residences.

Do you smoke? yes no
Can you live with a smoker? yes no
Do you prefer a noise level section that is: moderate quiet
When do you prefer to go to sleep? before 11 pm after 11 pm

If you have a medical condition (asthma, allergies, disability, etc.), religious, or dietary restrictions that will require special accommodation or attention, documentation from a doctor or related professional must be submitted with this application form to ensure special consideration for proper room assignment.

Do you have special dietary requirements? yes no
If yes, please specify: _____
Do you have medical restrictions/allergies? yes no
If yes, please specify: _____

ROOM RESERVATION CONTRACT Please read carefully before signing

I hereby apply for residence at Dalhousie University and confirm that the information I have submitted in this application is accurate and complete. If admitted to residence, I agree to remain for the full session on the conditions set forth in the Calendar, Residence Handbook, and those posted in common areas of the residences; and I will endeavour to contribute to the quality of life in the residence.

Please remember to enclose the \$50 CAD non-refundable application fee (cheque, money order, Visa, MasterCard or American Express). Applications without payment will NOT be processed.

Student Signature _____ Date _____

APPLICATION FEE PAYMENT Cheque or Money Order Visa MasterCard American Express
(Make payable to Dalhousie University)

Credit Card number: _____ Expiry Date:

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Month Year

Name of Cardholder: _____

Cardholder Signature: _____