MOVE-OUT FORM

All residents must complete and return this form to the Front Desk by March 15, 2014

We hope you have enjoyed your time with us at the Canadore College Residence.

To help us organize move-out, please complete the following form. We need to know from every student what they plan to do at the end of this semester. All you need to do is fill in the information below and **choose all that apply**. Please remember that the last day of the academic year is April 19, 2014.

Surname		First Name		Initial
Email				
Student Number	Last Exam D	vate / /	Expected Move-Out Date	//
Suite & Bedroom Number	Da	te / /		
☐ I agree that the above i	nformation is current and o	correct.		
CHOOSE ALL THA OPTION 1 - SUMME	T APPLY ER SEMESTER APPLI	CATION		
-	stay with us here at the Can	adore College Residence.	ust) Please note that this is not you oceed with your Summer appli	
OPTION 2 - ACADE	MIC YEAR APPLICAT	ION		
	return to the Canadore Coll	ege Residence. Please no	April) te that this is not your official a n your Academic Year applicat	
Please select your preferre	d housing option for your r	eturn.		
☐ 2-Bedroom Ap	partment Complex	J 4-Bedroom Apartmen	t Complex	
OPTION 3 - MOVING	G OUT			
☐ I am departing Reside Please complete the depos		v.		
Review the Move-Out Chechave completed all the nec	•	· · · · · · · · · · · · · · · · · · ·	go online at www.canadorere	z.ca to ensure you
fees) to the below address. mailing information.			e. Please return my deposit (le cheques that need to be reiss	
Please do not give your R	lesidence address			
Street Address			Apt	/Unit
City	Province	Country	Postal Cod	e