



Ray Lawson Hall Residence Residence Application Form 2010-2011

For Office Use Only	
Priority No.	Waiting No.

STUDENT INFORMATION (PLEASE PRINT CLEARLY ABOVE THE LINE)

Last Name	First Name	Second Name	Student Number
Home Mailing Address		City Province	Postal Code
Telephone	Date of Birth (yyyy/mm/dd)	Age (As of Sept. 1)	Gender
Email Address (note: confirmation that we have received your application will be emailed to you at this email address)			

EMERGENCY CONTACT INFORMATION

Last Name	First Name	Relationship of Contact	Telephone
Home Mailing Address	City	Province	Postal Code

ACADEMIC INFORMATION

Academic Program Name	Program Code	Year of Study
Does your program run from September to April ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for OSAP or any other government financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, required dates of occupancy from: _____ to _____	Do you intend to defer Residence payment to your forthcoming financial entitlement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, Social Insurance Number: _____	

Room Selection (Please rank your room preference from 1 – 4, with 1 being your strongest preference)
There is no guarantee that you will receive your first choice.

_____ Super Single _____ Single, Co-Ed Area
_____ Single, Same Sex Area _____ Double

Please complete the front and back of this form and return it immediately with your application fee (\$50 cheque payable to Sault College) to:

Residence Office, Sault College
443 Northern Ave, PO Box 60,
Sault Ste. Marie, Ontario, P6A 5L3
Phone: (705) 759-2554 Ext. 2684
Fax: (705) 759-9857

Please Note:

1. Residence accommodation includes a mandatory meal plan.
2. Incomplete applications or those submitted without the \$50 application fee will not be considered.

To be considered in the first pool of applications, forms must be received by May 3, 2010. Applications sent after this date will be considered on a first-come, first-served basis.

Personal information contained on this form is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c. M.19, s. 5; R.R.O. 1990 Reg. 770 and will be used for the purpose of Residence admission and administration. Questions about the collection should be directed to: Human Resources, 443 Northern Avenue, Sault Ste. Marie, Ontario, (705) 759-2554.



Ray Lawson Hall Residence Residence Application Form 2010-2011 (continued)

Last Name	First Name	Second Name	Age (As of Sept. 1)
Gender	Academic Program	Year of Study	

Name of preferred roommate (if known): _____

Please note that preferred roommates may only be matched if **both** students indicate each other on their applications

ROOMMATE-MATCHING QUESTIONS (ALL APPLICANTS MUST COMPLETE THIS SECTION):

- Do you like to go to bed after 11pm during the week? Y N
- Do you like to go to bed after midnight on weekends? Y N
- Are you generally awake before 8am during the week? Y N
- Are you generally awake before 10am on weekends? Y N
- Residence is smoke free, but do you smoke? Y N
- Do you require complete quiet to study? Y N
- Do you like to socialize or go out frequently? Y N
- Is it important that your room is tidy? Y N

What are your hobbies and interests?

- Hunting/fishing
- Cultural arts/music
- Reading
- Hiking/camping
- Sports/fitness activities
- Computer/video games

What are your study preferences?

(Please indicate only one box in each section)

- | | |
|---|--|
| <input type="checkbox"/> In my room | <input type="checkbox"/> Prefer Quiet |
| <input type="checkbox"/> At the library | <input type="checkbox"/> Prefer Noise (TV/Music) |
| <input type="checkbox"/> Alone | <input type="checkbox"/> Between 6am – 9am |
| <input type="checkbox"/> With others | <input type="checkbox"/> Between 9am – 6pm |
| | <input type="checkbox"/> Between 6pm – 11pm |
| | <input type="checkbox"/> After 11pm |

MEDICAL INFORMATION

For your own safety, please disclose any medical, mental health or disability issues that need consideration in emergencies. This information will be shared only with those responsible for dealing with emergencies at Sault College. After you arrive on campus, it is important for you to discuss medical concerns with a Residence Life staff member.

Do you have any allergies? If so, please list:

Please identify any medical issues for which you are under a doctor's care, or for which you are taking medication. Please list medications as well.

Any request for accommodation related to medical, mental health or disability issues (e.g. learning, physical or psychiatric) requires appropriate supporting documentation. If you need special adaptations, please indicate here:

Although we will consider medical information in the room assignment process, not all special circumstances warrant a single room assignment. We take the answers to the above questions into account in matching you with an appropriate roommate or living area, however a complete match may not be possible.

Declaration: I understand that the submission of this application does not oblige me to accept any offer, nor does it constitute a guarantee of accommodation, or admission to Sault College.

Signature of Student: _____