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|  | NSCC/NSCAD – MSVU Residence Life Application |

**Applying to live in Residence at the Mount is easy!**

**Just follow the steps below to complete your residence application.**

**UNIVERSITY FINANCIAL POLICIES** – Prior to submitting this application, please read the [MSVU Financial Policies](http://www.msvu.ca/en/home/beamountstudent/money/tuitionandotherfees/refundwithdrawalpolicies.aspx) regarding residence living (i.e., residence and meal plan fees, withdrawal, etc.). By applying, you agree to abide by these and all other terms and conditions of residence living.

**ROOM DEPOSIT** –You will need to contact Financial Services at 902-457-6277 to set up an MSVU account. You will need to identify yourself to Financial Services as an NSCC or NSCAD student and they will provide you with a Mount Student ID number, which you will need to pay deposits. In order to process your application, you must first pay a $300 non-refundable deposit. Upon receipt of your application and deposit, and within 48 business hours, we will send you an email confirming your room assignment.  In that email, we will request the remaining $200 to complete the full deposit payment of $500 that is required to secure your room.  This second deposit is due within two weeks from the day we send your room assignment email.   If we do not receive your full deposit within the two weeks, your spot will be released.

All rooms are assigned on a first-come, first-serve basis.

For traditional residence space, the full $500 deposit will be allocated to your student account. For apartment-style space, the $500 deposit is held as a damage deposit until the end of your lease term. Pending the completion of your room inspection sheet; i.e., cleanliness, furniture and damage, your deposit (partial or full) will be refunded.

**ROOM AND MEAL PLAN CHANGES** – An administration fee of $150 will be charged for all room changes after your lease has been signed and confirmed by the Residence Life Office.  After you sign your lease, should you wish to change your meal plan only, you will be charged a $25 administrative fee.

**WITHDRAWAL/CANCELLATION PRIOR TO MOVE-IN DAY**– Please note, if you wish to withdraw/cancel once you have been assigned a room, you must let the Residence Life Office know in writing.  Phone cancellations will not be accepted.  If you let the Residence Life Office know, in writing by May 31, 2016, you will receive a partial deposit refund of $200.  No refunds will be issued after May 31st, 2016.

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## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: |  | Gender: |  |

## Session Application

|  |  |  |
| --- | --- | --- |
| Which session are you applying for residence? \*Check box that applies | | |
|  |  | Fall & Winter Term – Sept 2017 – April 2018 |
|  |  | Winter Term ONLY – Jan 2018 – April 2018 |

## Next of Kin Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  | |
|  | Last | First |  |
| Relationship: |  | | |

\*Next of Kin Address ONLY if different then above

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Phone: |  | Email Address: |  |

|  |  |  |
| --- | --- | --- |
| Permission to send information to/contact next of kin:  ***\*Please note, on occasion we may send information to your next of kin*** | | |
|  |  | Yes – I give permission |
|  |  | No – I do not give permission |

## NSCC/ NSCAD Program Information

|  |  |
| --- | --- |
| Program Name |  |
| Year of Program |  |
| Program End Date |  |
| NOTE: When residence closes in April, you will be required to move to Birch 5 at a cost of $28 per night. | |

## Room Reference

|  |  |
| --- | --- |
| First Choice |  |
| Second Choice |  |
| **I understand that every effort will be made to accommodate my requests. In some cases this may not be able to happen, in that case, I will be assigned what is available. Priority for Westwood will be given to upper year, transfer, mature and international students over the age of 19.** | |

## Meal Plan Preference

|  |  |
| --- | --- |
| Meal Plan |  |

|  |
| --- |
| Special Dietary Requirements: |
| Please identify other special dietary requirements : |

|  |
| --- |
| Allergies: |
| Please identify other Allergies |

## Other

|  |  |
| --- | --- |
| Have you lived in residence before? |  |
| I wish to be placed on a quiet floor |  |
| I wish to live in an all-female area |  |
| I prefer a single room |  |
| Do you smoke? |  |
| Roommate(s) requested (if you have chosen to live in an apartment style residence) |  |
| I request not to live with the following people (if you have chosen to live in an apartment style residence) |  |
| Release of Roommate information |  |
| Do you object to others smoking? |  |

## Medical Information

|  |  |
| --- | --- |
| Medical Conditions |  |
| Other Medical Condition |  |
| In case of an emergency – contact  (if different from next of kin) |  |
| Emergency contact number |  |
| In case of an emergency – Alternate Contact |  |
| Alternate Contact Phone Number |  |

## RESIDENCE LIFE OFFICE USE ONLY

|  |
| --- |
| $300 deposit received |
| $200 deposit received |