**Atlantic School of Theology Residence Application**

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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **SURNAME** | **FIRST NAME** | **MIDDLE NAME/INITIAL** | **YOUR UNIVERSITY ID #** |
|  |
| **ACADEMIC INTENT** |  |  |  |
| **In the coming academic year, I have registered (or will register) at:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **UNIVERSITY NAME** | **PROGRAM OF STUDY** | **YEAR OF STUDY** |
| **REQUESTED DATES OF RESIDENCE AT AST** |
| **START DATE** | Click or tap to enter a date. | **END DATE** | Click or tap to enter a date. |
| **PERMANENT ADDRESS** |
| Click or tap here to enter text. |
| **PERSONAL INFORMATION** |
| **Mobile Telephone** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. |
|  |
| **EMERGENCY CONTACT INFORMATION** |
| **Name**  | Click or tap here to enter text. |
| **Relationship to you** | Click or tap here to enter text. |
| **Telephone** | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. |
|  |
| **VACCINATION INFORMATION** |
| **First dose (date/location)** | Click or tap to enter a date. |
| **Second dose (date/location)** | Click or tap to enter a date. |
| **I have had a single-dose vaccine (date/location)** | Click or tap to enter a date. |
| **DO NOT ENTER ANY TEXT IN BLUE-HIGHLIGHTED AREAS** |

The application form **must be saved as a Word document, with your surname as the file name.**

Please **do not submit as a \*.PDF, \*.JPEG, or other file.**

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| **ROOM ASSIGNMENT REQUEST** |
| Choose an item. |
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| **ROOM SIZE REQUESTED** |
| Choose an item. |
| ***If you have indicated that you prefer a one-bedroom apartment, you should******note that apartments are offered first to full-time AST students and are rarely available. There is usually a waiting list, and simply requesting an apartment is no assurance that you will be granted one.*** |
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| **SOME THINGS I THINK YOU SHOULD KNOW ABOUT ME** (special needs, health-care status, etc.) |
| Click or tap here to enter text. |
| **LANGUAGE INFORMATION** (languages in which I am fluent) |
| Click or tap here to enter text. |
| **PARKING ON CAMPUS** (If you wish to bring a vehicle to campus, you are required to have a parking permit; if this doesn’t apply to you, simply leave this section blank.) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Type of vehicle (car? truck?) | Make/Model | Colour | Province/License Plate # |
|  |
| **SECURITY DEPOSIT INFORMATION** |
|[ ]  Please process my room deposit of $200 to the credit card indicated below |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Name on card** | **Visa/Mastercard #**  | **Expiry date** |
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| ***I agree, if accepted, to remain for the specified period on this form and understand that should I decide to leave*** |
| ***earlier, I will be responsible for payment of the full period’s rent. I have read the AST Residence Policies available*** |
| ***on the AST website and agree to abide by any standards and regulations specified there.*** |
|  |
| Click or tap here to enter text. |  | Click or tap to enter a date. |
| **Signature** (for electronic submission, simply type your name in the space above as you would usually write it, and submit the form from your own email address) | **Date submitted** |
| **PLEASE DO NOT INSERT TEXT IN ANY HIGHLIGHTED AREAS OF THIS FORM.** |