**Atlantic School of Theology Residence Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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. | | | | | |
|  | | | | | |
| **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.*** | | | | | |
|  | | | | | |
| **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** |
|  | | | | | |
|  | | | | | |
| ***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.** | | | | | |