**Atlantic School of Theology Residence Application**

**SUMMER MDIV STUDENTS**

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| **SURNAME** | **FIRST NAME** | **NAME I PREFER TO BE CALLED** | **UNIVERSITY ID #** |
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| **ACADEMIC INTENT** |  |  |  |
| **In the coming academic year, I have registered (or will register) at:** |
|  |  |  |
| **UNIVERSITY NAME** | **PROGRAM OF STUDY** | **YEAR OF STUDY** |
|  |  |  |
| **REQUESTED DATES OF RESIDENCE AT AST** |
| **START DATE** |  | **END DATE** |  |
| **PERMANENT ADDRESS** |
|  |
| **YOUR PERSONAL INFORMATION *(International students are required to have a local mobile # and provide it as soon as it’s received.)*** |
| **Mobile Telephone** |  |
| **Email address** |  |
| **Date of Birth** |  |
|  |
| **EMERGENCY CONTACT INFORMATION** |
| **Name**  |  |
| **Relationship to you** |  |
| **Telephone** |  |
| **Email address** |  |
|  |
| **ROOM ASSIGNMENT REQUEST** |
| **⬜** | Close to the female washroom | **⬜** | Close to the male washroom |
|  |  |  |  |
| **ROOM SIZE REQUESTED** |
| **⬜** | Small single room | **⬜** | Large single room |
| **⬜** | I would prefer a 1-bedroom apartment (Please 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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| **SEXUAL VIOLENCE AWARENESS PREVENTION PROGRAM** |
| AST, together with other universities in Nova Scotia, participates in a program to educate students about sexual violence awareness. Each new resident is required to attend SVP training shortly after arrival. Sessions are typically offered in September/October (for students arriving to the Fall semester) and January/February (for students arriving to the Winter semester). Date will be announced for Summer students. |
| **SOME THINGS I THINK YOU SHOULD KNOW ABOUT ME** (special needs, health-care status, etc.) |
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| **LANGUAGE INFORMATION** (languages in which I am fluent) |
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| **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.) |
|  |  |  |  |
| Type of vehicle (car? truck?) | Make/Model | Colour | Province/License Plate # |
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| **SECURITY DEPOSIT INFORMATION** |
| ⬜ | Please process my room deposit of $330 to the credit card indicated below |
|  |  |  |
| **Name on card** | **Visa/Mastercard #**  | **Expiry date** |
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| ***I understand that if my application is accepted, my agreement with AST is for the entire period noted on this form. I understand that should I decide to leave before the end of that period, I will be responsible for payment of the full period’s rent. I have read the AST Residence Policies on the AST website and agree to abide by any standards and regulations specified there.*** |
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| ***The rates on dorm rooms and apartments are set each Spring and approved by the Board of Governors.***  |
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|  |  |  |
| **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 BLUE-HIGHLIGHTED AREAS OF THIS FORM.*****Upon completion, please save form only as a Word document, with only your surname as the file name. We cannot process an application returned as a \*.PDF, \*.JPEG, \*.PNG, or GoogleDoc*** |

