

UNBC STUDENT RESIDENCE APPLICATION

Complete your responses carefully, as they will affect your room assignment. Incomplete responses will delay the processing of your application. Applications can not be processed without payment of the \$25.00 non-refundable application fee. Please ensure that your student number is on all correspondence, cheques or money orders. Housing & Residence Life will make every attempt to accommodate your requests, but placement will be based on availability. All UNBC buildings are non-smoking. Questions regarding roommate preferences have been asked to assist in accommodating allergies and sensitivities.

MY UNBC STUDENT ID NUMBER									

ABOUT ME (please print clearly)

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREFERRED FIRST NAME	GENDER (please circle) Male / Female	BIRTHDATE __/__/____ DD MM YYYY
MY YEAR OF STUDY (please check one) <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> Masters <input type="checkbox"/> PhD Program:	TERM (please check all that apply) <input type="checkbox"/> May to June 2010 <input type="checkbox"/> July to August 2010 <input type="checkbox"/> September 2010 to April 2011 <input type="checkbox"/> September to December 2010 <input type="checkbox"/> January to April 2011	I WILL BE A (please check all that apply) <input type="checkbox"/> New UNBC Resident <input type="checkbox"/> Returning UNBC Resident <input type="checkbox"/> Exchange Student <input type="checkbox"/> International Student <input type="checkbox"/> UNBC Scholar <input type="checkbox"/> ELS Student

CONTACT INFORMATION (please print clearly)

STREET # AND NAME, APT#, PO BOX, RR / SS, SITE, COMP	CITY	PROVINCE
COUNTRY	POSTAL CODE	HOME PHONE # (with area code & country code if applicable)
EMAIL ADDRESS		
Correspondence will be conducted by email only. Please check often to ensure you do not miss any deadlines.		The University of Northern British Columbia is subject to the Freedom of Information and Protection of Privacy Act. Please refer to our webpage listed below for details.
Please note: As part of the room assignment notification process all successful applicants will receive contact information including names and email addresses for their assigned roommates.		

ADDITIONAL INFORMATION

I am requesting a parking space for my stay in residence (I understand that an additional fee is applicable)
 Yes Mandatory vehicle information:

MAKE	MODEL	COLOR	LICENSE PLATE #
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No (I may apply by email at a later date.)

I am a new student and plan to attend the Student Orientation at the beginning of September.
 Yes No

I am a returning student and plan to volunteer for Student Orientation.
 Yes No

BUILDINGS / FLOORS (please choose one from each section)

BUILDING PREFERENCE <input type="checkbox"/> neyoh <input type="checkbox"/> keyoh <input type="checkbox"/> no preference	FLOOR PREFERENCE <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th or <input type="checkbox"/> Academic Intensive Floor 1st / 2nd year, 23 hour quiet hours 7 days a week or <input type="checkbox"/> Mature Student Floor 3rd / 4th year / 21 or older	SUITE TYPE PREFERENCE <input type="checkbox"/> All female <input type="checkbox"/> All male <input type="checkbox"/> Co-ed within Suite Students requesting co-ed accommodations must be 19 years of age and have lived in Residence for two semesters.
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X

 Applicant's Signature Date

Return to: Housing and Residence Life
 University of Northern British Columbia
 3333 University Way, Prince George, BC V2N 4Z9
 Phone: 250-960-6430 Fax: 250-960-6432
 Email: housing@unbc.ca

www.unbc.ca/housing

ROOMMATE PREFERENCES

1. REQUEST ROOMMATES

Please print name(s) in the spaces provided:

Preferred Roommate 1 _____
 Preferred Roommate 2 _____
 Preferred Roommate 3 _____

Please note that all roommates must be mutually requested.

2. SLEEP HABITS / PATTERNS

- I usually get up early
- I usually go to bed late
- I have flexible sleep habits

3. NEATNESS / ROOM

I usually keep my room:

- Very neat
- Generally clean, but I tolerate a mess
- Generally messy and cluttered

4. ALCOHOL CONSUMPTION

My attitude towards alcohol use in the room is:

- Not accepting
- Moderately accepting
- Very accepting

5. ROOM ATMOSPHERE

- Less socializing, quiet, & frequent studying
- Some socializing & moderate amount of studying
- Socializing common, average noise, & some studying

6. SMOKING / TOBACCO USE

- I do not smoke and prefer to live with non-smokers
- I do not smoke, but do not mind if my roommate(s) smokes
- I smoke and would prefer roommate(s) that smoke

7. ALLERGY / DISABILITY

I have a documented allergy or disability that will affect my room assignment, or require special accommodations.

- Yes No

If yes, please describe:

8. IMPORTANT CRITERIA

The single most important criteria for me in roommate selection is: (please check one box only)

From the questions above, question #

- 1 2 3 4
 5 6 7

Or location preference:

- Building Floor Suite Type