**Atlantic School of Theology Residence Application**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | | |  |
| **SURNAME** | | | **FIRST NAME** | **NAME I PREFER TO BE CALLED** | | | | **UNIVERSITY ID #** |
|  | | | | | | | | |
| **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.) | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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). | | | | | |
| **SOME THINGS I THINK YOU SHOULD KNOW ABOUT ME** (special needs, health-care status, etc.) | | | | | |
|  | | | | | |
| **LANGUAGE INFORMATION** (languages in which I am fluent) | | | | | |
|  | | | | | |
| **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 # |
|  | | | | | |
| **SECURITY DEPOSIT INFORMATION** | | | | | |
| ⬜ | Please process my room deposit to the credit card indicated below. Note that **your deposit is equal to one month’s fees: depending on the size of your accommodation, it will be either $825, $960, $1,100, or $1,310**.Please see <https://www.astheology.ns.ca/future/residence.html> for additional information. | | | | |
|  | | |  | |  |
| **Name on card** | | | **Visa/Mastercard #** | | **Expiry date** |
|  | | | | | |
|  | | | | | |
| ***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.*** | | | | | |
|  | | | | | |
| ***The rates on dorm rooms and apartments are set each Spring and approved by the Board of Governors. I understand that this means that my monthly fees may increase incrementally to the cost of living each Spring.*** | | | | | |
|  | | | | | |
|  | | | |  |  |
| **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*** | | | | | |

A black background with pink letters

Description automatically generated