

SENIOR SUITE APPLICATION

Tel: 902.491-8606
Fax: 902.496.8107
Senior.Suites@smu.ca

For Office Use Only

Date Paid \$25 _____
Student # _____
Hours Attempted _____
Hours Earned _____
Current Semester _____
Total _____

APPLICANT INFORMATION (PLEASE PRINT CLEARLY):			
Last Name:		Given Name(s):	
Preferred Name:		Student Number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yy): _____/_____/_____	
Occupancy Dates: <input type="checkbox"/> September 20____ to April 20____ <input type="checkbox"/> September 20____ to December____ <input type="checkbox"/> January 20____ to April 20____			
PRESENT ADDRESS:			
Street Address:		APT #:	City/Town:
Province/State:	Country:	Postal/Zip Code:	
E-mail Address (important):			
Home Phone: ()	Work Phone: ()	Mobile Phone: ()	
SUMMER ADDRESS:			
Street Address:		APT#	City/Town:
Province/State:	Country:	Postal/Zip Code:	
E-mail Address (important):			
Home Phone: ()	Work Phone: ()	Mobile Phone: ()	
CONTACT PERSON (IN CASE OF EMERGENCY):			
Name:		Relation:	
Street Address:		APT#	City/Town:
Province/State:	Country:	Postal/Zip Code:	
E-mail Address (important):			
Home Phone: ()	Work Phone: ()	Mobile Phone: ()	
ELIGIBILITY (SEE ELIGIBILITY & PRIORITY REQUIREMENTS BELOW):			
Have you previously lived in Residence at Saint Mary's? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date from (mm/yyyy): _____ to _____	
Are you a Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Faculty: <input type="checkbox"/> Arts <input type="checkbox"/> Commerce <input type="checkbox"/> Engineering <input type="checkbox"/> Science			
PREFERENCE			
Please rank numerically (#1 being the highest) your accommodation preference:			
<input type="checkbox"/> Loyola 2 bedroom Senior Suite, <i>Private Bath, Kitchenette</i>		<input type="checkbox"/> Loyola 2 bedroom Senior Suite, <i>Shared Bath, Full Kitchen</i>	
<input type="checkbox"/> Loyola 3 bedroom Senior Suite, <i>Shared Bath, Full Kitchen</i>		<input type="checkbox"/> Loyola 4 bedroom Senior Suite, <i>Shared Bath, Full Kitchen</i>	
<input type="checkbox"/> Vanier 2 bedroom Senior Suite, <i>Shared Bath, Full Kitchen</i>		<input type="checkbox"/> Vanier 3 bedroom Senior Suite, <i>Shared Bath, Full Kitchen</i>	

SUITEMATE PREFERENCE	
In the space provided, please list the name(s) of residence student(s) with whom you prefer to share your assigned suite.	
1.	
2.	
3.	
Would you live in a co-ed suite? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Eligibility & Priority

A. Eligibility and Admission Priority:

The Senior Suites were designed specifically for more senior students.

1. First priority will go to those students entering their final year of a degree program (90+ credit hours), or any year of a graduate degree program, and currently living in residence, and who have applied by March 1, 2010. These students will be required to participate in a room draw.
2. Second priority will be given to students entering their 3rd year of a degree program (60+ credit hours), and currently living in residence, and who have applied by March 1, 2010.
3. Third priority will be given to students who are currently living off-campus and meet the eligibility requirements listed in A 1& 2 above. Priority in this group will be determined by date of application.

B. Room Placement Priority

1. Current residence students (See A.1 & 2 above) will be assigned a room first. Seniority will be determined by year of study, number of credit hours and the number of years each student has lived in residence. In the case where there is a tie, the room draw will determine placement seniority.
2. Once all returning residence students are assigned, off-campus students (see A.3 above) will be assigned a room with priority determined by the date of residence application.

The Residence Department reserves the right to admit students other than those listed above to the Senior Suites for reasons it deems necessary and to change the deadline dates.

The University reserves the right to refuse an application for residence accommodation, to cancel residence privileges at any time, and to reassign students to other rooms for reasons it deems appropriate.

This application is for residence accommodations for the duration of the full academic year beginning at residence registration and ending on the day after each student's final exam (April), but excludes the Christmas recess.

It is understood that the university reserves the right to make changes to the policies and regulations outlined in the Family, Graduate Housing and Senior Suites Handbook. By signing below the student agrees to abide by all such policies and regulations.

I have read and understood the guidelines and regulations outlined herein and I agree to abide by these guidelines and regulations, as well as any subsequent additions or alterations which are properly derived or promulgated.

Return with \$25 non-refundable processing fee to:

*Senior Suites, LR 107
Residence Department, Saint Mary's University
Halifax, Nova Scotia, Canada B3H 3C3*

**THE SAINT MARY'S UNIVERSITY RESIDENCES ARE NON-SMOKING.
SMOKING IS PROHIBITED IN ALL PRIVATE ROOMS AND COMMON AREAS.**

Date (mm/dd/yyyy)

Signature