



St. Andrew's College in Winnipeg

St. Andrew's College
29 Dysart Road
Winnipeg, MB R3T 2M7
Phone: (204) 474-8895
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E-mail: st_andrews@umanitoba.ca
www.umanitoba.ca/colleges/st_andrews

RESIDENCE

HOUSING AGREEMENT CONTRACT For the Academic Year 2009 - 2010

I have completed this application form / Residence Housing Agreement Contract truthfully to the best of my knowledge. I realize that providing false information may result in my application to residence being nullified. The information provided on this application form will be kept confidential by the St. Andrew's College Administration. I grant permission to St. Andrew's College Administration to contact my references. The final decision of admission to residence is at the discretion of St. Andrew's College Administration.

I agree to abide by the conditions, regulations, and policies outlined in the St. Andrew's College in Winnipeg Residence Handbook and those of the University of Manitoba as well as any that may be added during the academic year.

On this eight month contract (September – April) payment of balance of first term fees must be made by September 15 and balance of second term fees must be paid by January 15.

I agree to pay my assessed fees on the dates stipulated. I understand that if payment or suitable arrangements are not made prior to the payment deadline, expulsion may result.

I agree to reimburse St. Andrew's College for any damages or penalties incurred, either by myself or my guests.

I acknowledge that by signing this Contract I authorize the St. Andrew's College Administration to contact my parent(s) and/or guardian(s) in the event of an Emergency situation as determined by the sole discretion of the St. Andrew's College Administration.

I assume responsibility for my room and the furnishings. I agree to maintain my room at a clean and sanitary level and I also agree to leave my room in the same condition as it was when I moved in. I understand that additional charges may be levied if I do not leave my room in an acceptable condition. I agree to complete and sign a Room Condition Report upon move-in.

I understand there may be events beyond the control of St. Andrew's College that affect the College's ability to provide services and accommodation. These events would include some devastation to the premises like fire or flooding, but could also include a pandemic flu outbreak. In these typically rare situations, St. Andrew's College would not be liable for my damages or losses or for its inability to provide the contracted services and accommodation.

By signing below, I authorize St. Andrew's College in Winnipeg to conduct a criminal records search, as well as any related searches, including without limitation, child abuse registry databases and vulnerable sector searches. I agree that St. Andrew's College shall be entitled to consider any results from the foregoing searches in determining whether to allow me to have access, or a continuation of access, to the Residence.

I have read and understand the student residence handbook, and hereby agree to comply with residence regulations stipulated by St. Andrew's College Administration and the University of Manitoba. I also understand that noncompliance with the rules and regulations of St. Andrew's College will result in my expulsion from residence.

NAME: _____ STUDENT # _____
(please print)

Student Signature _____ DATE: _____



APPLICATION FOR RESIDENCE ACCOMMODATION 2009 - 2010

St Andrew's College
University of Manitoba, 29 Dysart Road
Winnipeg, MB R3T 2M7

Please print

Name of Applicant _____ Student Number _____
(Last Name) (Given Names)

Current Address _____

City _____ Province _____ Postal Code _____

Current Phone Number(_____) _____ e-mail: _____

Faculty of registration _____ Expected date of graduation _____ Degree _____

Permanent Address _____

City _____ Province _____ Postal Code _____
(if different from Current)

PERSONAL INFORMATION:

Gender: Male Female Date of Birth _____ Country of Birth _____
(month) (day) (year)

Citizenship: Canadian Citizen Permanent Resident International Student or Student Authorization

Social Insurance Number _____ Religious Affiliation _____

Medical Insurance Number _____ Coverage by _____

Have you previously resided at St. Andrew's College? No Yes If Yes, indicate year(s) _____

Interests other than academic (hobbies, sports, cultural, etc.) _____

ACCOMMODATION & MEAL PLAN:

Type of Room: Single Super Single Double (Preferred roommate must be mutually requested for a Double Room)

Room Dimensions – Single: 10' x 10' Super Single: 10' x 18' Double: 10' x 18'

Anticipated Date of Arrival _____

Meal Plan: 19 meals per week (M-F: Breakfast, Lunch, Supper and S & S: Brunch, Supper) (Long weekends: Brunch, Supper).

Meal Plan excludes meals during December Holidays and February Mid-Term Break.

PARKING:

Parking space required: With plug Non-plug

Application for parking pass must be completed and returned with payment by August 15 to guarantee a space.

Parking Pass Application forms and price lists are available from St. Andrew's College Main Office.

FEES AND PAYMENTS:

- ♦ A \$40 non-refundable application fee must accompany this application along with a deposit of \$500. From this deposit, \$300 will be applied to Second Term fee payment and \$200 will be retained as a Security Deposit.
- ♦ No refund of deposits given if withdrawal of application is made after June 30.
- ♦ A room in St. Andrew's College residence will be confirmed upon receipt of a non - refundable payment of \$1,000 by June 30; half of which (\$500) will be applied to first term fees and the remainder of which (\$500) is applied to second term fees.
- ♦ All residents pay a \$40 Residence Student Council Fee.
- ♦ Two letters of reference (excluding family and peer friends) are to be filed with the Housing Officer by August 15.
- ♦ Interest will be charged at the rate of 2% per month if fees are not paid by the due dates.

EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone(_____) _____
area code

Work Phone(_____) _____
area code

e-mail: _____

Return application to:

HOUSING OFFICER
 ST. ANDREW'S COLLEGE
 University of Manitoba
 29 Dysart Road
 Winnipeg, MB R3T 2M7
 TEL (204) 474-8895 FAX (204) 474-7624
 e-mail: st_andrews@umanitoba.ca

Please make cheques payable to **St. Andrew's College** and indicate to whom the receipt should be issued.

FOR OFFICE USE: Date submitted _____ Deposit _____ Receipt # _____
