



St John's College
University of Manitoba
92 Dysart Road
Winnipeg MB R3T 2M5
Telephone: (204) 474-8531
Fax: (204) 474-7610

Application for Summer Residence

Please print		
Family Name/Surname	Full Given Names	Name Commonly Used
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	University of Manitoba Student Number	Are you a member of St John's College? <input type="checkbox"/> yes <input type="checkbox"/> no
Current Mailing Address		Telephone
Permanent Mailing Address (if different from above)		Telephone
E-mail Address	Medical Number(s)	Medical Coverage by (Province or Company)
Give brief details of or attach a letter describing any significant medical history (e.g. allergies, asthma, diabetes)		Birth date (month/day/year)
+Emergency Contact	Mailing Address	Telephone
Have you ever lived in St John's College Residence? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when? _____ Do you live in St John's Residence now? <input type="checkbox"/> yes (Room # _____) <input type="checkbox"/> no Do you intend to return to St John's Residence in the fall? <input type="checkbox"/> yes <input type="checkbox"/> no		
Briefly describe the reason for your stay (academic/employment/workshop etc.)		
Arrival Date and Time of Day:		Departure Date:
Signature		Date
For Office Use Only		
Application Received	Date: _____	Receipt #: _____ Room # _____

St John's College is a Non-Smoking Facility