

DALHOUSIE SCHOOL OF NURSING - YARMOUTH CAMPUS RESIDENCE APPLICATION**Student Information**

Dalhousie Student ID # _____ Dalhousie Email _____

Full Legal Name _____

Preferred Name _____ Preferred Pronouns _____

Permanent Mailing Address _____

Postal Code _____

Phone Number _____ Alt Phone _____

Email Address _____

Additional Information
(Ex. Allergies, food allergies,
medical conditions, etc.) _____Nursing Student Yes No Other: _____**Emergency Contact Information**

Full Name _____ Relationship _____

Phone Number _____ Alt Phone _____

Email Address _____

Room Options – Please indicate 1st, 2nd and 3rd choice next to each room type

Single _____ \$375/Month

Double (Shared) _____ \$350/Month

Double (Alone) _____ \$425/Month

Period(s) of Stay Fall Term: September – December Winter Term: January – April Summer Term: May – July Other: _____

Residence fees are billed at the beginning of each term (September, January and May) for the full term and are payable to Nova Scotia Health. Residence fees must be paid in full before students are able to return to live in residence for the next term.

Roommate Questions (Please answer in the event you are required to be in a shared room)

Requested Roommates name (if known) _____

Do you prefer to go to bed early or late? _____

Do you prefer to get up early or sleep in? _____

Do you prefer to stay in or go out? _____

How, where and when do you like to study? _____

How important is cleanliness to you? _____

How do you feel about guests in the room? _____

Anything you feel is important for a potential roommate to know? _____

Student Acknowledgement

Applications must be submitted by June 1st to guarantee a room in residence. While every effort will be made to accommodate students' preferred room types, specific requests cannot be guaranteed due to space limitations.

Priority for residence placement is given to students whose primary residence is located more than 100 kilometers from the Yarmouth Campus, as well as to those enrolled in a full-time course load.

I agree with the above fee schedule and billing periods and I will comply with all the rules of residence as outlined in the provided Residence Agreement and Residence Handbook.

Signature: _____ Date: _____

Office Use Only - To be completed at the end of agreed term or student withdrawal

Room Key Returned: Yes No Date: _____

Final Room Inspection Completed by: _____ Date: _____

Furniture in Room: Bed/Frame Mattress Desk Chair

Follow up needed: _____