



4500-50th Street
 Olds, Alberta, Canada T4H 1R6
 Phone: (403) 556-8375
 Fax: (403) 556-4716

Town House Application

For
Animal Health Technology “Online” Program
2012

The personal information that you provide on this application is being collected under the Freedom of Information and Protection of Privacy legislation of the Province of Alberta for the purpose of: Residence Administration and other activities necessary to conduct the business of Olds College Residence.

Townhouses will be filled on a first-come first-served basis.
Once the townhouses are filled, applicants will be considered for Frank Grisdale Hall.

Personal Data Completion of all information is required as part of your application.. The information is used to provide a compatible assignment and is confidential. Any misrepresentation on this application form will deem this application void. Please print clearly.		OFFICE USE ONLY Deposit Received \$400 <input type="checkbox"/>
First Name:	Middle Name:	Receipt #
Last Name:		Entered:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Olds College ID #(if known)	
Address:		First Mail Out
City:	Province:	
Postal Code:	Country:	Second Mail Out
Please provide an email address that you check regularly:		
Phone:	Fax:	Cancelled Date:
Date of Birth: month day year		

On-Campus Portion Start Date 2012 :	On-Campus Portion End Date:	On-Campus <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd year
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Cancellation Policy prior to Move-In – a \$400 Performance Deposit must be submitted with your Residence application. If you cancel your residence application at least 30 days before the start of your program a \$350 from your performance deposit will be returned to you. If you cancel your room in Residence LESS THAN THIRTY days before the start of your program, you will receive a refund of \$200 from your performance deposit. If you cancel the on move in day, there will be no refund.

DECLARATION - I certify that the information given above is correct and complete. I understand that falsifying documents or information on this application could result in eviction from Olds College Residence. If accepted, I agree to fully comply with the policies, rules and regulations outlined in the contract and detailed in the current Residence Handbook. I agree to abide by the Code of Conduct of Olds College. I agree to the release of my name, room number, photo identification, program/course of study, and food plan with College Campus Security and Food Services.

Signed	Date
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Please note, this application will not be accepted without payment of the \$400.00 performance deposit,
Please make check, bank draft, or money order payable to Olds College.
Students are assigned on first-come, first-serve basis according to availability.

I am paying the \$400.00 Performance Deposit by the following method (check one):

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card Number:		Expiry Date		
Cardholder Signature		Cardholder Name		
Cardholder Home Phone #		Cardholder Work Phone #		



**OLDS
COLLEGE**

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Olds, Alberta, Canada T4H 1R6
Phone: (403) 556-8375 Fax (403) 556-4716

**Frank Grisdale Hall
Animal Health Technology Online
Spring/Summer 2012
Room and Board Application**

The personal information that you provide on this application is being collected under the Freedom of Information and Protection of Privacy legislation of the Province of Alberta for the purpose of: Residence Administration and other activities necessary to conduct the business of Olds College Residence. Public inquires concerning the collection and disclosure of personal information provided on this application form should be directed to the FOIP Co-ordinator, 4500 50 Street, Olds, AB T4H 1R6.

Personal Data: Completion of all information is required as part of your application. The information is used to provide a compatible assignment and is confidential. Any misrepresentation on this application form will deem this application void. Please print clearly.		OFFICE USE ONLY Deposit Received \$200 <input type="checkbox"/> Receipt #
First Name:	Middle Name:	Date Entered:
Last Name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Olds College ID	Date First Mail Out
Address:		
City:	Province:	Date Second Mail Out
Postal Code:	Country:	
Please provide an email address that you check regularly:		Cancelled Date:
Phone:	Fax:	Single <input type="checkbox"/>
Date of Birth: month day year		Double <input type="checkbox"/>
On-Campus Start Date:	End Date:	On-campus: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd year

Accommodation Preference – Single room allocations will be determined according to need basis and then on first-come first-served availability basis. **Please note the majority of applicants will be assigned traditional double rooms.** I would like to be considered for a Single Room if available.

Personal Information – FOR FGH Room Assignment Only (*The following assists in appropriate roommate assignment*)

Do you have environmental sensitivities or disabilities? **If yes, you must provide details and a doctor's note.** Yes No

Do you **smoke**? (Residence is a smoke free building, which includes individual residence rooms) Yes No

How much do you drink alcohol? No alcohol at all 1 - 2 drinks/wk (Occasional) 1- 2/day (moderate) 3 or more/day (regularly)

Are you - and do you want your roommate to be? Socially inclined Academically inclined Both

Tidiness: Are you a person who keeps their room: Extremely neat Average Untidy

Sleep Habits: Are you a: Morning Person Night Owl About Average

Food Plan - food plans are mandatory for students living in Frank Grisdale Hall.
Please see the Residence Fee Schedule for Room & Board costs. You must select one of the following plans:

<input type="checkbox"/> Plan 1- 15	Continuous dining Sunday dinner to Friday lunch. See the OC website for more information
<input type="checkbox"/> Plan 2- 21	Continuous weekly dining. See the OC website for more information.

DECLARATION - I certify that the information given above is correct and complete. I understand that falsifying documents or information on this application could result in eviction from Olds College Residence. If accepted, I agree to fully comply with the policies, rules and regulations outlined in the contract and detailed in the current Residence Handbook. I agree to abide by the Code of Conduct of Olds College. I agree to the release of my name, room number, photo identification, program/course of study, and food plan with College Campus Security and Food Services.

Signed	Date
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Please note, this application will not be accepted without payment of the \$200.00 Performance deposit. Please make check, bank draft, or money order payable to Olds College.

Note: Performance Deposit of \$200.00 Performance Deposit must accompany the application.

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card Number:		Expiry Date		
Cardholder Signature		Cardholder Name		
Cardholder Home Phone #		Cardholder Work Phone #		

Cancellation Policy – Notification of residence cancellation up to 30 days prior to start of program: \$150 of \$200 deposit will be refunded. Notification of residence cancellation less than 30 days prior to start of program: \$50 of \$200 will be refunded. No cancellation or notification on move-in day or later: no refund.