

**YORK UNIVERSITY
HOUSING APPLICATION
2007 - 2008
FOR STUDENTS ADMITTED TO AN
EXCHANGE PROGRAM**

Office Use Only

Date Received:

Exchange Term:

Residence Assigned:

Room #:

Room Type:

PERSONAL DETAILS

YORK UNIVERSITY Student Number: _____ - _____ - _____

Last Name: _____ **First Name:** _____

Date of Birth: (MM/DD/YY): ____/____/____ Age: _____ Gender: Female Male

Exchange Office: Osgoode Law Schulich School of Business York International

Program Classification: Graduate Undergraduate

Terms you will be staying: Fall term (Sept-Dec) Winter term (Jan-April) Summer term (May-Aug)

Your Expected Arrival Date: (MM/DD/YY): ____/____/____

ADDRESS AND CONTACT INFORMATION – please print clearly

Home/Permanent Mailing Address:

Apt/Unit # and Street Address:

City: _____ Province: _____ Country: _____ Postal Code: _____

Home Tel #: () () country code area code Business Tel #: () () country code area code

Fax #: () () country code area code E-mail Address: _____

EMERGENCY CONTACT (This information is mandatory)

Last Name: _____ First Name: _____ Relationship: _____

Home Tel #: () () country code area code Business Tel #: () () country code area code

City/Country: _____ E-mail Address: _____

ACCOMMODATION PREFERENCE

Please note that specific requests and preferences are not guaranteed, however Housing will try to accommodate preferences based on availability of space.

Please select one accommodation type from the available options

Undergraduate Residences Traditional Residence Suite-style

York Apartments Bachelor One-bedroom Two-bedroom Bed-sitter
(Mature Undergraduate Students Only)

Undergraduate Residence/Bed-Sitter applicants please complete this section

1. Do you prefer a same gender floor or section? Yes No No Preference
Most buildings are co-ed with some all female or all male floors or sections.
2. Do you smoke? Yes No
3. Do you object to living with smokers? Yes No No Preference
All buildings are smoke-free, however this information might be considered for placement in shared units.
4. Are you interested in being considered for Global House in Pond Residence? Yes
Please visit the following link for more information on Global House: <http://www.yorku.ca/stuhouse/undergrad/globalhouse.htm>

MEDICAL INFORMATION

We cannot guarantee that all specific needs, accommodations or equipment can be met in every case.

Do you have any health issues that may require emergency treatment or other special consideration during our room assignment and occupant matching process? (e.g. peanut allergies) Yes No

If yes, please explain:

If you need a specific form of accommodation for these issues, please indicate your accommodation requests here:

ADAPTED HOUSING

- Do you have a physical disability that requires you to have adapted facilities? Yes No
If yes, please indicate type of adapted facilities required: Wheelchair Visual Alarm
Did you register with the Office for Persons with Disabilities? Yes No

You are required to register with the Office of Persons with Disabilities for a needs assessment in order to be considered for adapted housing. Please e-mail opd@yorku.ca.

York Apartment applicants please complete this section

1. Will you have a spouse/sharer living with you? Yes No
Spouse /Sharer Information (if applicable)
Last Name: _____ First Name: _____
York Student #: _____ York Program: _____
(if available) (if available)
2. Will you have children living with you? Yes No If yes, please indicate name(s) and age(s) in the space provided:

Privacy: Personal information in connection with this form is collected under the authority of The York University Act, 1965 and will be used for the administration of residence services including housing assignment, and for other related or consistent purposes. Relevant information about physical disabilities and health issues, as well as emergency contact information, will be shared with residence staff for emergency management purposes. If you have any questions about the collection of personal information by York University, please contact: Information and Privacy Coordinator, York University, Ross N945, 4700 Keele Street, Toronto, ON M3J 1P3, tel. 416-736-2100 Ext. 20359, email: info.privacy@yorku.ca.

Pursuant to *Freedom of Information and Protection of Privacy Act*, I give my consent to York University to use and disclose my personal information as noted above.

I have informed my Emergency Contact(s) about their designation and I authorize York University to contact the person(s) I have appointed as my Emergency Contact(s) for or with information about me in case of emergency.

Applicant Signature: _____ Date: _____
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