

CHAMPLAIN REGIONAL COLLEGE RESIDENCE APPLICATION FOR RETURNING RESIDENTS

_____ PRINT NAME: _____
Do not write in shaded area above (First Name - Prénom) (Family Name - Nom de famille)

DATE OF BIRTH: day _____ month _____ year _____ AGE: _____ FEMALE MALE

I request a lease in ENGLISH FRENCH

LEASE FOR Academic Year (August-May) or Fall only (Available for students graduating in December only) or Winter only

****IF AVAILABLE, I ALSO WISH TO HAVE A LEASE FOR THE SUMMER; MAY 15 TO AUGUST 15 YES NO**

SPECIAL LEASE: I AM A MEMBER OR TRYING OUT FOR THE COUGAR: FOOTBALL TEAM MEN'S HOCKEY TEAM WOMEN'S BASKETBALL TEAM

BEING WITH MY PREFERRED APARTMENT-MATES IS MORE IMPORTANT THAN MY PREFERRED QUIET HOURS. Yes No

I WOULD PREFER TO LIVE IN A BUILDING WHERE QUIET HOURS ARE OBSERVED STARTING AT:

9:00 p.m. or 10:00 p.m. or 11:00 p.m.

I WOULD PREFER ROOMMATES THAT ARE LIKE ME:

- Studious and quiet during weeknights;
- Semi-studious and semi-quiet during weeknights;
- Easy-going (noise does not bother me).

- Wash dishes daily and keep the apt. always clean;
- Wash dishes regularly and clean the apt. weekly;
- Wash dishes and clean apt. only when necessary.

My usual bedtime during the week:

9:00-10:00 pm 10:30-11:30 pm Midnight Later

Print names of preferred apartment-mates in order of priority: (Requests must be reciprocal.) In order to increase chances of being with your preferred apartment-mates all leases must be received by June 1st.

1ST: _____

2ND: _____

3RD: _____

4TH: _____

I DO NOT WISH TO LIVE WITH THESE PEOPLE:

My program of study at Champlain College - Lennoxville is: _____

Other Preferences:

PLEASE PRINT YOUR PERMANENT HOME ADDRESS BELOW:

Number	Street Name/Rural Route	Apartment	P.O. Box	City/town	Province	Postal Code
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Student's email: _____

Student's Text Message No.: _____

Home Telephone: (____) _____

Print Mother's first name and MAIDEN family name above

Mother's cell phone: (____) _____ Ext. _____
or telephone # at work

Print father's first name and family name above

Father's cell phone: (____) _____ Ext. _____
or telephone # at work

➤ **Please remember to save your application and to send it by either mail, fax, or as an attachment. Thank you!**

Mail: Champlain Regional College/ Residence Services
2580 College Street, Sherbrooke, (Québec) J1M 2K3

Fax: 819-564-5171

Email: residence@crcmail.net



"Champlain Lennoxville Rez"

Go "Like" our Facebook page to get updates and pictures of our Rez activities.

Date: _____ Student's signature: _____