

# Academic & Trades RETURN FORM

## Prince George Campus Housing

OFFICE USE ONLY	Date Received	_dd  _mm  _yyyy	Room Accepted	_dd  _mm  _yyyy	
	Room Offered	_dd  _mm  _yyyy	Canceled	_dd  _mm  _yyyy	\$25 Receipt _____

Submit form **directly to [campushousing@cnc.bc.ca](mailto:campushousing@cnc.bc.ca)** from your personal email. Return assignments subject to availability and sent via email. \*If you are contracted for 2 or more terms, **do not** provide a return form for holidays or days off\* **BEFORE completing this form, you are required to read the CSH. Proceed only once you have done so.**

Submit this form if you are requesting to:

Return to campus within a six month period after having lived off campus between term(s)

- if it has been longer than 6 months since you've lived on campus - **STOP!** complete the [Academic & Trades Application](#)
- if you wish to extend your stay on campus - **STOP!** complete the [Extension Request](#)

First name	Cell phone	Date (today)  _dd  _mm  _yyyy
Last name	Personal email	

HOUSING TERMS 2022-23 *distinct from the Academic Schedule*	FORM DUE TO HOUSING OFFICE BY
<b>Fall</b> September 1 to December 17 2022 <b>CLOSED Sept 5</b>	<b>October 15</b> to extend beyond December 17
<b>Spring</b> January 8 to April 29 2023 <b>CLOSED Jan 2</b>	<b>February 15</b> to extend beyond April 29

### Detailed return dates academic weeks are Sunday to Saturday | we do not do half weeks | rooms default to standard

Returning on <i>preferred date</i>  _dd  _mm  _yyyy	to	last consecutive day  _dd  _mm  _yyyy
Duration on campus # of weeks <b>and/or +</b> # of term(s)	<input type="checkbox"/> Standard <input type="checkbox"/> Private (8) <input type="checkbox"/> Large (4) <input type="checkbox"/> Accessible (4)	
I identify as <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	I'll share a washroom with <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either	<input type="checkbox"/> I request a washroom with <i>this person must have an active application</i> First and last name
Program Name	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Trades   <input type="checkbox"/> part time <input type="checkbox"/> full time	

### Return process terms and conditions in addition to existing terms and conditions

- Room type preference to individuals who received their full security deposit back from their previous stay on campus
- Security deposits 1) remain at \$250 balance, 2) required to hold your room, 3) used against outstanding housing fees, 4) held between terms and not refundable if room is canceled or no contact is received within 90 days of your return date
- Check in dates are as specified in room offer email. Room access will not be provided outside of these dates
- I will clean my washroom, or arrange an alternating cleaning schedule with my washroom mate on a \_\_\_\_\_ basis.
- I am allowed to drink alcohol outside my room, smoke or vape non-tobacco substances on housing grounds? true  false

### Payment information if left blank, Application will not be processed **\$25 nonrefundable Application fee**

<b>Visa-Debit and MasterCard-Debit NOT ACCEPTED</b>		We do not have e-transfer capability	
1. <input type="checkbox"/> CREDIT <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card Number _____	Expiry	_mm  _yy
Name on Credit Card _____		Authorizing Signature <i>typed signature accepted</i>	

*In making this application, I have personally read the contents in its entirety, and agree to the terms, conditions, and processes described within, and that all of the information I have provided is correct. I acknowledge that residing on campus requires compliance with Housing policies. I agree to conduct myself in alignment with Community Standards and if unable to do so, will make alternate living arrangements.*

Your Signature _____	Date of signing  _dd  _mm  _yyyy
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This information is collected for the purpose of securing accommodations at CNC. Your privacy is protected under the Freedom of Information and Privacy Act, limiting how your information may be used or disclosed. Please contact the Freedom of Information Coordinator, College of New Caledonia, at 250 561 5828.