



**UPPER COLLEGE HEIGHTS • NEAR CAMPUS • HOUSING
STUDENT QUAD DORM APPLICATION / AGREEMENT**

Fall (Sept 4 - Dec 11*) Year _____ Winter (Jan 1- April 15*) Year _____ Summer (May 1- Aug 12*) Year _____
(Check off **ALL** semesters applying for) (*approximate date for end of semester)

APPLICATIONS WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY \$225.00 SECURITY DEPOSIT (Visa Not Accepted)
(Should a student wish to move in prior to the start of a semester, a fee of \$20.00/day will be charged)

Requests _____
All requests must be in one month prior to the start of semester. ABSOLUTELY NO REQUESTS AFTER THAT!

Name of Applicant _____ Male Female
(Family Name) (Given Name) (Nickname)

Age _____ Birthdate _____ Nationality _____
(Month) (Day) (Year)

Home Address _____

City _____ Prov. _____ Country _____ Postal Code _____

Home Phone _____ Home Fax _____ Cell Phone _____

Contact Phone Number in Kamloops _____ Email: _____
(Please Print in Block Lettering)

Year In University: 1 2 3 4 Program _____

EMERGENCY CONTACT Agency Name & Email _____
(International Students Only)

Name _____ Phone _____

Address _____
City Postal Code Country

Relationship _____ Languages Spoken at Home: English Other

I understand that if **UPPER COLLEGE HEIGHTS** accepts my application (depending on availability of dorms), there will be a room reserved for me. If I should decide to cancel my accommodation **after** the cancellation date listed below, no refund will be issued unless my unit is re-rented (in which case a \$150.00 cancellation fee will be applied and the refund will be pro-rated). In the event that I am evicted, no refund will be issued.

Please note that at the end of your residency, \$65.00 minimum fee (depending on the condition of your unit) will be deducted from your deposit in order to shampoo the carpets and thoroughly sanitize the common area. Should there be any damage to your room or the common area, the cost to repair the damages will also be deducted from your security deposit.

ALL STUDENTS MUST VACATE THEIR ROOMS AT THE **END OF THE ACADEMIC SEMESTER** UNLESS OTHERWISE ARRANGED.

I agree to follow all the rules and regulations of **UPPER COLLEGE HEIGHTS** student housing. I am aware that this is a student shared housing, and that it does not fall under the jurisdiction of the Residential Tenancy Act. Should I breach any of the regulations, I may be asked to vacate the premises within 24 hours.

STUDENT'S SIGNATURE _____ Date _____
Month Day Year

CANCELLATIONS: For a full refund (less a \$150.00 cancellation fee), all cancellations **MUST BE RECEIVED IN WRITING** (no verbal cancellations will be accepted) **BY THE FOLLOWING DATES:**

•Fall Semester: July 15 •Fall/Winter Combined: July 15 •Winter Semester: November 6 •Summer Semester: March 15

How did you hear about UCH? High School _____ TRU _____ UCH Website _____ Referral _____ Other _____



**UPPER COLLEGE
HEIGHTS**

• NEAR CAMPUS •
University Student Housing

704 McGill Road
Kamloops, BC
V2C 6N7 Canada
Phone (250) 372-0207
Fax (250) 372-1207
E-mail: uch@uppercollege.com

Accepted by _____ Date _____

Date Received _____

SD _____ Date _____

Fee _____ Date _____

Fee _____ Date _____

Fee _____ Date _____

Fee _____ Date _____

Total _____

NOTES: _____

Unit # _____

Occ. Date _____

Subject to change without notice.