

# Accommodation Registration for Continuing Students

## General Information

First Name: \_\_\_\_\_ Second Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if different from above)*

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

U of A Student ID Number: \_\_\_\_\_ Contact Phone Number(s): \_\_\_\_\_

University of Alberta email address: \_\_\_\_\_ @ualberta.ca

May we phone you?  Yes  No

If No, specify preferred method of contact: \_\_\_\_\_

If Yes, may we leave a message?  Yes  No

Contact name in the event of an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Phone Number(s): \_\_\_\_\_

## Where are you residing while attending the U of A?

On campus (name of Residence): \_\_\_\_\_

Off campus Residence (please specify): \_\_\_\_\_

Address as indicated above?  Yes  No

If no, please provide address where you are residing/staying:

**What is your current status at the University of Alberta?** *Please check all that apply:*

- |  |  |
|--|--|
| <input type="checkbox"/> International Student | <input type="checkbox"/> Good Standing                         |
| <input type="checkbox"/> Full-time Student     | <input type="checkbox"/> Academic Warning                      |
| <input type="checkbox"/> Part-time Student     | <input type="checkbox"/> Returning from a Required to Withdraw |

**What is your level of Academic Program?**

- |  |   |
|--|---|
| <input type="checkbox"/> Extension     | <input type="checkbox"/> PhD                    |
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Masters       | <input type="checkbox"/> Previous Degrees _____ |

**Have you attended or will you be registering with other service(s) at the U of A?**

*(e.g. Fresh Start Program, Transition Year Program, Aboriginal Student Services)*

- Yes      If yes, indicate service(s) you will be accessing: