



**LONG TERM (30 DAYS OR MORE)
SUMMER RESIDENCE APPLICATION**

Lethbridge College Residence
3010 College Drive South • Lethbridge, AB • T1K 8A2
Ph. 403.329.7218 • Fax. 403-327-9062
Email: res.life@lethbridgecollege.ca

PLEASE NOTE: SUMMER RESIDENCE IS AVAILABLE UNTIL AUGUST 15TH ONLY

Individual students under the age of 18 will not be accepted into residence without proof of registration at Lethbridge College for the summer term.

Requested Arrival Date: _____ Departure Date: _____

Last Name: _____ First Name: _____

Birthdate: ____/____/____ Have you lived in residence or attended classes at LC before: YES NO
year month day

Address: _____ City: _____ Province: _____

Postal Code: _____ Email: _____

Phone Number: _____ Alternate Phone Number: _____

This application is for:

Individual

- Please choose: single suite (1 queen bed, private bathroom, kitchenette)
- two-bedroom suite (**no room-mates**, access to one bedroom only) twin bed, private bathroom, full kitchen)
- shared suite (**one – three room-mates**, twin bed, shared bathroom, kitchen, living room)

Family (conditions apply): Please indicate how many family members _____

Company /Business: Please indicate how many bedrooms required _____

Reason for Stay:

School Work Other

\$30 Non-refundable application fee: Cash Debit Cheque Mastercard Visa

Card Number: _____ Expiry Date: _____

Name of Cardholder: _____ Signature of Cardholder: _____

This personal information is used to determine and verify your eligibility for Residence accommodation and for uses consistent with this purpose. If your application is accepted, this personal information will be used to operate and administer the services provided by Residence Life and for uses consistent with this purpose. This personal information is protected by the provisions of the Freedom of Information and Protection of Privacy Act. Questions can be directed to Residence Life, 3010 College Dr. S., Lethbridge, AB T1K 8A2, 403-329-7218.

Signature of Applicant: _____ Date: _____

**** Applicants will be contacted within 5 business days of receipt of this application.**

Please indicate your preferred method of communication: ___Phone ___Email

For Office Use:

Received on: _____ LCID _____ Rent _____ RM Type: _____ Confirmed _____