



ST. VLADIMIR INSTITUTE

620 Spadina Avenue
Toronto, Ontario M5S 2H4
Tel: 416.923.3318 Fax: 416.923.8266
www.stvladimir.ca svi@stvladimir.ca



RESIDENCE APPLICATION

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I. PERSONAL INFORMATION

Surname: _____ Given Names: _____

Date of Birth:

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 Gender: Male Female

Visa Student: Yes No Country of Origin: _____

Languages Spoken: English French Ukrainian Other: _____

Health Card Number: _____

Street Address: _____ Apt. #: _____

City/Town: _____ Province: _____ Postal Code: _____

Country: _____ Email: _____

Phone (Home): _____ Phone (Cell): _____

Preferred Method of Correspondence: Postal Delivery Email

II. EMERGENCY CONTACTS—THE ADMINISTRATOR MUST BE ADVISED OF ANY CHANGES TO EMERGENCY CONTACT INFORMATION.

A. Surname: _____ Given Names: _____

Street Address: _____ Apt. #: _____

City/Town: _____ Province: _____ Postal Code: _____

Country: _____ Email: _____

Phone (1): _____ Phone (2): _____

Relationship: _____

B. Surname: _____ Given Names: _____

Street Address: _____ Apt. #: _____

City/Town: _____ Province: _____ Postal Code: _____

Country: _____ Email: _____

Phone (1): _____ Phone (2): _____

Relationship: _____

III. ACADEMIC INFORMATION

Secondary and Post-Secondary education:

INSTITUTION	GRADUATING YEAR	DEGREE/DIPLOMA
_____	_____	_____
_____	_____	_____
_____	_____	_____

During my residence, I will be enrolled in the following institution as a full-time student:

- University of Toronto Ryerson University York University George Brown College
 Humber College Ontario College of Art & Design Other: _____

Faculty: _____ Academic Year: 1 2 3 4

Student ID#: _____ Program or Major: _____

IV. REFERENCES

The contact information of two people who are submitting Letters of Recommendation in support of my application:

A. Surname: _____ Given Names: _____

Street Address: _____ Apt.#: _____

City/Town: _____ Province: _____ Postal Code: _____

Country: _____

Email: _____

Phone: _____

FOR OFFICE USE ONLY

B . Surname: _____ Given Names: _____

Street Address: _____ Apt.#: _____

City/Town: _____ Province: _____ Postal Code: _____

Country: _____

Email: _____

Phone: _____

FOR OFFICE USE ONLY

V. ADDITIONAL INFORMATION

Health/Dietary Concerns: _____

St. Vladimir Institute offers a wide range of cultural activities to students: academic lecture series, art instruction, Ukrainian language courses, culinary workshops, theatre, music. I am interested in:

History Language Art Cooking Music Theatre Other: _____

Requests: _____

VI. HOW DID YOU HEAR ABOUT ST. VLADIMIR INSTITUTE RESIDENCE?

Web Social Media Printed Media Housing Services Fellow Students Family

Other: _____

VII. DEPOSIT FEE

A \$750.00 deposit fee, payable to "St. Vladimir Institute" must be submitted with this application. The deposit will be returned if an applicant is not accepted to St. Vladimir's Institute Residence.

VIII. DECLARATION AND SIGNATURE

I declare that the information reported on this form is true and correct.
Upon my admission to St. Vladimir Institute Residence, I agree to abide by the rules and regulations of the Institute.

Signature of Applicant

D	D	M	M	Y	Y	Y	Y
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Date

Submit the completed and signed form, letters of recommendation and a \$750.00 deposit to:

ST. VLADIMIR INSTITUTE STUDENT RESIDENCE
620 SPADINA AVENUE
TORONTO ON M5S 2H4
CANADA

Applicants are generally notified of the Residence's decision regarding submissions within 15 business days of receipt of a complete Residence Application.

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