

**1. APPLICANT INFORMATION**

Surname:		Given Name(s):	
Date of Birth (YYYY/MM/DD):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Origin:		Visa Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Ukrainian <input type="checkbox"/> Other:			
Health Card Number:			
Street Address:			Apt. #:
City/Town:	Province:	Postal Code:	
Country:	Email:		
Phone Number (Home):		Phone Number (Mobile):	
Preferred Method of Correspondence: <input type="checkbox"/> Postal Delivery <input type="checkbox"/> Email			

**2. EMERGENCY CONTACTS**

**THE ADMINISTRATOR MUST BE ADVISED OF ANY CHANGES TO EMERGENCY CONTACT INFORMATION.**

<b>A. Surname:</b>		Given Name(s):	
Street Address:			Apt. #:
City/Town:	Province:	Postal Code:	
Country:	Email:		
Phone Number (1):		Phone Number (2):	
Relationship:			
<b>B. Surname:</b>		Given Name(s):	
Street Address:			Apt. #:
City/Town:	Province:	Postal Code:	
Country:	Email:		
Phone Number (1):		Phone Number (2):	
Relationship:			

**3. ACADEMIC INFORMATION**
**Secondary and Post-Secondary Education Completed:**

Institution	Graduating Year	Degree/Diploma

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

- University of Toronto   
  Ryerson University   
  York University   
  George Brown College  
 Humber College   
  OCAD University   
  The Glenn Gould School   
  Other:

Faculty:	Academic Year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Program or Major:	Student ID Number:

**4. REFERENCES**

**You must submit two (2) Letters of Recommendation in support of your application.**

**Reference 1:**

Surname:		Given Name(s):	
Street Address:			Apt. #:
City/Town:	Province:	Postal Code:	
Country:	Email:	Phone:	

**FOR OFFICE USE ONLY**

**Reference 2:**

Surname:		Given Name(s):	
Street Address:			Apt. #:
City/Town:	Province:	Postal Code:	
Country:	Email:	Phone:	

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**5. ADDITIONAL INFORMATION**

Health Concerns or Dietary Restrictions:

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:

How did you hear about St. Vladimir Institute Residence?

Internet search  
  Website  
  Social Media  
  Printed Media  
  Housing Services  
  Fellow Students  
  Family  
 Other:

**6. 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 Institute Residence.

**7. 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:

Date (YYYY/MM/DD):

*Submit the completed and signed form, letters of recommendation, and deposit fee 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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