



OC Residence Toll Free: 1-800-608-3124
 OC Web Site: www.okanagan.bc.ca

Residence Application Form

Kelowna Campus
 860 KLO Road, Kelowna, B.C., V1Y 9K9
 Tel: 250-862-5422 / Fax: 250-862-5423
 Email: housing_klo@okanagan.bc.ca

This application will only be processed if fully completed and submitted with payment of a non-refundable Application Fee of \$25.00 (payable once per academic year September 1 to August 31).

Please Print

Applicable Semester (Check only one): Fall (Sep-Dec) Winter (Jan-Apr) Summer (May-Aug)
 If not a semester please identify dates (m/d/y) ___ / ___ / ___ TO ___ / ___ / ___

OC Student ID Number: _____ Male Female

Surname	First Name	Preferred Name

	PERMANENT MAILING ADDRESS (effective May – August)	CONTACT MAILING ADDRESS (For academic year Sept. – Apr.)
Street:		
City:		
Prov:		
Postal Code		
Country:		
Telephone: ()		()
Fax / email:		

Birth Date: (month/day/year) ___ / ___ / _____

Do you want your name and room number made available for inquiries? ___ Yes ___ No

Have you applied or registered to be a student at Okanagan College? ___ Yes ___ No

Program or Major applied for: _____

What year of study will you be entering? ___ First ___ Second ___ Third ___ Fourth

Have you ever lived in Okanagan College (formerly OUC) residence? ___ Yes ___ No

If yes, which residence _____ When? _____

ACCOMMODATION PREFERENCE

* While every effort will be made to provide you with your requested accommodations, we may have to assign you to an accommodation other than your first choice.

**Please rank in order of preference the type of accommodation you wish to apply for.
(1 is most desirable)**

Kelowna CAMPUS
<p>SKAHA PLACE</p> <p>_____ Pod</p> <p>_____ Studio Suite</p> <p>★ Skaha Place is a smoke-free building.</p>

Who should OC contact in case of emergency?

Name: _____

Telephone (_____) _____ Relationship to you? _____

SOCIAL ACTIVITY LEVEL / PERSONAL HABITS

Please provide answers below to assist us in assigning you to a room which will be the most compatible to your lifestyle.

Do you drink alcohol? Yes No

Would you object if your roommate(s) drink? Yes No

Medical problems or serious allergies? _____

Do you consider yourself: Quiet Average Noisy/Loud

Do you consider yourself a student who is: Average Serious

Do you plan to bring a: Car Truck Motorcycle

Driver's License # _____ Make/Yr _____ Plate # _____

My non-refundable Application Fee of \$25 is attached and made payable to "OC Student Residence."

This form along with your application fee should be returned promptly to the appropriate address (see front page).

Do you wish to charge your \$25 Application Fee to a credit card? Visa _____ Mastercard _____ Card# _____ Exp.Date _____ cvd number _____ Signature: _____

I understand that if I become a resident student, I agree with and will abide fully with the Rules of Residence and the Residence License Agreement which are published and amended by the Okanagan College from time to time and available free of charge from the Residence office upon request.

Signature of Applicant: _____	Date: _____
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