

OUTTATOWN / SHAFTESBURY CONTINUANCE FORM

1. Personal Information

Full Name: _____ E-mail: _____
First Middle Last

Permanent Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Country: _____ Phone: _____

Summer Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Country: _____ Phone: _____

Valid from: _____ to _____

Citizenship: Canadian ___ American ___ Other _____

2. Registration Information

Will you be studying full-time or part-time? (full-time is 9.0 credit hours or more per term)

Fall ___ Winter ___ Both ___ Part-time ___ Full-time ___ Year: 20___

Please indicate which program you would like to pursue at CMU (including your major or concentration if known):

Bachelor of Arts (3-year), Major: _____

Bachelor of Arts (4-year), Major: _____

Bachelor of Business Administration (5-year): _____

Bachelor of Music (4-year), Concentration: _____

Bachelor of Music Therapy (4-year): _____

Pre-Professional Studies: _____

3. Housing Information

Applying for: First term ___ Second term ___ Both terms ___ Year: 20___

Please give 1st and 2nd choices for accommodation. (If only one choice is indicated, it will be assumed that you are equally open to any other option.)

- Residence Housing in Poettcker Hall _____ single occupancy _____ double occupancy
- Residence Housing Concord Hall _____ single occupancy _____ double occupancy
- Apt. Housing in Poettcker _____ studio _____ 1 BR _____ 2 BR
- Apt. Housing Katherine Friesen _____ studio _____ 1 BR _____ 2 BR _____ 3 BR
- Apt. Housing in Concord Hall _____ 1 BR

Give reasons for your selection (which will assist the housing committee in assigning space):

If you want to request specific roommates, please give their name(s): _____
(Please note that an assignment cannot be made until confirming applications have been received from all persons named here.)

Please identify any allergies, disabilities, difficulties or other special needs of which CMU should be aware (attach an additional sheet if necessary):

Indicate your extra-curricular interests by checking one or more of the following:

Athletics: Soccer ___ Volleyball ___ Basketball ___

Other interests: Music ___ or _____

Signature: _____

Date: _____