**Monaghan Hall Residence Application and Agreement**

**WESTERN HEALTH ~ RESIDENTIAL SERVICES**

**RESIDENCE SELECTION**
Students selected for residence are accepted for the current academic year. Students from other educational institutions will be accepted for residence following the room assignments of nursing students. Single rooms are allocated to all students.

**Application Fee ~**
Please enclose a $20 non-refundable application processing fee with this application when applying to Monaghan Hall residence. Incomplete applications will delay the processing period.

**PLEASE READ APPLICATION CAREFULLY**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>MALE/FEMALE</th>
<th>TELEPHONE NUMBERS (HOME &amp; CELL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETE MAILING HOME ADDRESS</td>
<td>STREET ADDRESS/P.O. BOX</td>
<td>TOWN/CITY</td>
<td>PROVINCE</td>
</tr>
<tr>
<td>POSTAL CODE</td>
<td>NEXT OF KIN – RELATIONSHIP</td>
<td>TELEPHONE NUMBER (HOME &amp; CELL)</td>
<td></td>
</tr>
<tr>
<td>DATE REQUIRING ACCOMMODATIONS (FROM … TO …)</td>
<td>EMAIL ADDRESS</td>
<td></td>
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Commencement Date of Course_________________________________________________________Completion Date of Course_____________________________________________________

○ WRSON/Nursing Student BN 1 2 3 4 Fast Track

Commencement Date of Course_________________________________________________________Completion Date of Course_____________________________________________________

○ Grenfell Campus – Memorial University of Newfoundland

Commencement Date of Course_________________________________________________________Completion Date of Course_____________________________________________________

○ College of the North Atlantic

Commencement Date of Course_________________________________________________________Completion Date of Course_____________________________________________________

○ Academy Canada

Commencement Date of Course_________________________________________________________Completion Date of Course_____________________________________________________

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**(BN) Nursing Students**
When notified by Residential Services of your acceptance into Monaghan Hall, you are required to pay a $130 deposit.

**Students from Other Educational Facilities**
○ When notified by Residential Services of your acceptance into Monaghan Hall, you are required to pay a $150 deposit.
○ Enclose 2 (two) letters of personal reference with the application form. Both references are not to be from the same school, institution, employer, etc. Acceptable references are former employers, teachers, clergy, or guidance counselors who have known you for a minimum of 2 (two) years. Reference letters must contain the telephone number they may be reached at and address of the person providing the reference. References from relatives are not acceptable.

Revised: May 22, 2014
Fees

Residence fees are $1190 per semester, which includes wireless internet. This amount is subject to change. All residence fees are to be paid by the deadline date specified on your letter.

Please Return Completed Application to:

<table>
<thead>
<tr>
<th>Residential Services</th>
<th>Western Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P.O. Box 2005</td>
</tr>
<tr>
<td></td>
<td>Corner Brook, Newfoundland A2H 6J7</td>
</tr>
</tbody>
</table>

If you have any questions, please call 709-637-5235 or e-mail Residential Services at sandraryan@westernhealth.nl.ca or shelleyblackler@westernhealth.nl.ca

RESIDENT’S AGREEMENT - PLEASE READ, THEN SIGN:

- I agree to abide by all rules stated in the Monaghan Hall Rules and Information Booklet. I may be evicted without notice for any breach of the rules contained in the booklet.
- I agree to give Residential Services ONE MONTH’S WRITTEN NOTICE of my intention to vacate the premises or to pay the equivalent cost.
- I agree to vacate the premises 24 hours after the conclusion of my last semester exam.
- I agree that the deposit referred to below will be retained to pay for any damages incurred as a result of my residing in Monaghan Hall. I will be invoiced for any damage which exceeds the value of my deposit.
- I acknowledge that Western Health is not responsible for theft, damage or loss of any personal property located or stored at the premises.
- I agree that Western Health is not responsible for any damages that occur to clothing while using the washers and dryers in the Laundry Room. I acknowledge that I use these appliances at my own risk.
- I agree to give my permission and authorization to the Manager of Residential Services to contact my next-of-kin recorded on this application and agreement, in the event of serious illness, injury or concern for my health or safety.

_________________________________                                           _________________________________
Signature                                                    Today’s Date

Administrative Use Only: _____ $20 Application Fee Enclosed
                        _____ 2 References Enclosed (non-nursing only)