

# 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

FIRST NAME	LAST NAME	MALE/FEMALE	TELEPHONE NUMBERS (HOME & CELL)
COMPLETE MAILING HOME ADDRESS		STREET ADDRESS/P.O. BOX	TOWN/CITY PROVINCE
POSTAL CODE	NEXT OF KIN ~ RELATIONSHIP	TELEPHONE NUMBER (HOME & CELL)	
DATE REQUIRING ACCOMMODATIONS (FROM.....TO.....)			EMAIL ADDRESS

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**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.**

## 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:

Residential Services  
Western Health  
P.O. Box 2005  
Corner Brook, Newfoundland A2H 6J7

If you have any questions, please call 709-637-5235 or e-mail Residential Services at [sandroryan@westernhealth.nl.ca](mailto:sandroryan@westernhealth.nl.ca) or [shelleyblackler@westernhealth.nl.ca](mailto: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 pay Western Health all residence fees in full as they become due.
- × 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.

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Signature

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Today's Date

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