

Luther Residence Office  
114 Seminary Crescent  
Saskatoon, Saskatchewan  
S7N 0X3

E-mail: [luther.res@usask.ca](mailto:luther.res@usask.ca)  
Telephone: (306) 966-7898  
Fax (306) 966-7852



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## Application for 2010 to 2011 Academic Year

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of Birth: \_\_\_\_\_ U of S Student Identification #: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Permanent Address (if different from above): \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

### Emergency Contacts:

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

### References (please list three):

\_\_\_\_\_

\_\_\_\_\_

(Name)

(Address)

(Phone)

**Medical Information:**

In the unlikely event of a medical emergency, it is important that we have some information about yourself. This will enable our staff to ensure that anyone attending to your needs is fully prepared to provide treatment. This information will be held in the strictest of confidence.

1) Health Insurance #: \_\_\_\_\_ Issuing Insurer: \_\_\_\_\_

2) Please name any medical conditions (i.e. heart problems, asthma, epilepsy, MS, diabetes, etc.) that you feel is important we know about in advance:

3) Please list any medications you are taking so we may pass this information to any medical personnel who will be treating you should the need arise:

4) Please list any food or drug allergies and any special dietary considerations that you may have (for ex. Vegetarian, Lactose Intolerant):

**General Information:**

Year of University: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Have you lived in residence before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please give dates and place(s): \_\_\_\_\_  
\_\_\_\_\_

Room Preference: Small Single \_\_\_\_\_ Large Single \_\_\_\_\_

Will you need parking on campus? Yes \_\_\_\_\_ No \_\_\_\_\_

\$20.00 non-refundable application fee enclosed? Yes \_\_\_\_\_ No \_\_\_\_\_  
(please make cheques payable to 'Lutheran Theological Seminary')

**Signature:**

Applicant \_\_\_\_\_ Date: \_\_\_\_\_

<b><i>For Office Use Only</i></b>	
<input type="checkbox"/> <i>Application and Fee Received</i>	<i>Date:</i> _____
<input type="checkbox"/> <i>References Checked</i>	<i>Date:</i> _____
<input type="checkbox"/> <i>Received Security Deposit</i>	<i>Date:</i> _____
<input type="checkbox"/> <i>Received Signed Lease</i>	<i>Date:</i> _____
<input type="checkbox"/> <i>Acceptance Letter Sent</i>	<i>Date:</i> _____
<input type="checkbox"/> <i>Room Assignment</i>	<i>Room:</i> _____