

HOMESTAY EXEMPTION FORM

Email or Fax to: U of S Language Centre Email: register.esl@usask.ca

Ì		Fax: 1.306.966.4356
A. STUD	DENT IDENTITY AND TERM REQUESTED	
First term	m of study: January–March March–June June–August	September–December
Fem	male Male Birthdate (dd/mm/yyyy)	
Family nan	me First name(s)	
B. EXEM	MPTION REQUEST	
homesta	onal reasons as explained below, I request exemption from the Language Centre's policy of ays for the first term of study. I Situation:	f placing new students into
C. STUD	DENT'S HOUSING INTENTION	
or	I request that the Language Centre arrange for me to live in a university residence (dormitory). I will pay the Housing Placement Fee of \$275, Cleaning/Damage Deposit Fee of \$675 (paid by Visa or MasterCard) and the Occupancy Fee (TBD) by the Final Payment Deadline and as instructed by the Housing Office.	
	I will be responsible for obtaining my own housing for my first term of study. I understand that I may request the Language Centre to arrange housing for me for a later term.	

*By placing my name in this "AUTHORIZATION" space, I confirm that I have completed and understand the requirements.

SAVE THIS DOCUMENT AND EMAIL TO REGISTER.ESL@USASK.CA

AUTHORIZATION

Feb. 2014

Date (dd/mm/yyyy)