



Application for Residence



First name: _____ Last name: _____

MUN student/employee ID#: _____

MUN Department: _____

Send invoice to: Memorial Department Home address

Home mailing address: _____ Town: _____ Postal code: _____

Phone #: _____ MCP #: _____

Expected date and time of arrival (d/m/y): _____ Expected length of stay (nights): _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Address: _____

Phone #: _____ Relationship: _____

I hereby declare that I have completed this application accurately and to the best of my knowledge and belief.

Signature

Date

Please forward to:

Mr. Jay Lyall
College of the North Atlantic
P.O. Box 1720, Stn. B
Happy Valley-Goose Bay, NL A0P 1E0
Phone: (709) 896-6349
Email: jameson.lyall@cna.nl.ca

FOR OFFICE USE ONLY

Date Application Received: _____ MUN Affiliation: _____

Application Approved: Yes No Date: _____