INTEGRATED LEARNING COMMUNITY APPLICATION

Student Housing and Hospitality

Name: _____ **Date:** _____
(Please Print Clearly)

Student ID #: _____ **E-mail Address:** _____

Major: _____ **Minor:** _____ **Year:**_____

Gender: **Male** ☐ **Female** ☐

***Only those students who have an accepted Housing Contract are eligible for an Integrated Learning Community**

Integrated Learning Community Choice:
(Place an **X** in the box to indicate community preference)

☐ **Human Kinesiology Community** ☐ **International Community**

Note: **Both Communities will be Housed in Semi-Suite Accommodations**

Application Questions: (Please keep responses to 100 words or less per question)

1. Why are you interested in the Learning Community that you have selected?

2. What do you hope you will gain from your participation in the Learning Community that you have selected?

3. What do you feel you can contribute to the Learning Community that you have selected?

Please submit your application by **June 30, 2011**
E-mail: information@housing.okanagan.ubc.ca
Fax: (250) 807-9157