

**VANCOUVER ISLAND UNIVERSITY**  
**STUDENT RESIDENCE AGREEMENT 2018-2019**  
**Signature Page for Residents Under 19**

**IF THE RESIDENT IS UNDER 19 YEARS OF AGE, THIS SIGNATURE PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE RESIDENT AND THE RESIDENT'S PARENT/LEGAL GUARDIAN AS PART OF THE STUDENT RESIDENCE AGREEMENT PROCESS.**

**PLEASE PRINT, FILL IN AND SIGN THIS PAGE. THEN SCAN AND EMAIL IT TO: [residence@viu.ca](mailto:residence@viu.ca), OR MAIL VIA PRIORITY POST TO: Vancouver Island University, VIU Student Residence, 4 University Crescent, Nanaimo, BC V9R 6C5 (Phone: 250 740-6640)**

\_\_\_\_\_  
Resident First Name (please print)

\_\_\_\_\_  
Resident Last Name (please print)

\_\_\_\_\_  
VIU Student No.

**Indicate Semester – Term of Occupancy in VIU Student Residence** (Insert "X" in appropriate box. For exact dates see Schedule "A" of Student Residence Agreement):

**Academic Year**

**Fall Semester Only**

**Spring Semester Only**

Sept 2018 – April 2019

Sept 2018 – Dec 2018

Jan 2019 – April 2019

**Summer Semester Only**

April 2019 – August 2019

I have read, understood and agree to be bound by the Vancouver Island University Student Residence Agreement 2018-2019 (available at <https://residences.viu.ca/content/residence-forms>) which consists of the following parts (together, the "Student Residence Agreement"), each of which is an integral part of the Student Residence Agreement:

- This Signature Page; and

- Student Residence Agreement including:

- Schedule "A" (Term and Extensions);
- Schedule "B" (Deposits, Fees and Payment Dates); and
- Schedule "C" (VIU Student Residence Community Standards Handbook 2018-2019).

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

**I am the parent or legal guardian of the Resident named above who is under 19 years of age. I acknowledge that the Resident and I have read, understood and agree to be bound by this Student Residence Agreement. I acknowledge that the Resident is a mature university student and consent to VIU dealing directly with the Resident in carrying out this Student Residence Agreement in accordance with its terms.**

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date