

LEARNER ARRANGED ACCOMMODATION REQUEST FORM

LEARNER INFORMATION		
Learner Last Name:	Learner First Name:	Student ID #:
Program:	Level:	Academic Home Base:
Learner Address:		
Learner Home Phone Number:	Learner Mobile Phone Number:	Learner Email:

LANDLORD INFORMATION		
Landlord Last Name:	Landlord First Name:	
Address/Location of Accommodation:		
Landlord Home Phone Number:	Landlord Mobile Phone Number:	Landlord Email:

ROTATION INFORMATION		
Rotation Specialty:	Rotation Start Date:	Rotation End Date:

REQUEST INFORMATION		
Special Accommodation Date Requested:	Request Approved: <input type="checkbox"/> No <input type="checkbox"/> Yes	Date Approved:
Approved By (i.e., Landlord):	Approval Received by (Mac-CARE Administrator):	Date Learner Informed of Approval:

Acknowledgement	
<p>The request for learner arranged accommodation at the above accommodation site must be approved by the landlord/McMaster learner <u>and</u> Mac-CARE Program at least <u>one month</u> prior to the arrival of the learner. It is the learner's responsibility to ensure that this process is completed in a timely fashion.</p> <p>Accommodation reimbursement will be made at a rate of \$800.00 per 4 weeks and is made directly from Mac-CARE to the landlord following receipt of an invoice from the landlord to Mac-CARE.</p> <p>Mac-CARE will not assume any liability or responsibility for the learner during their stay at the above accommodation site.</p> <p>Arrangements for accommodations which are confirmed and then subsequently cancelled may require the learner to fully or partially compensate the landlord or Mac-CARE. Those learners who have cancelled their accommodations will be ineligible for travel funding.</p> <p>I acknowledge that I have read this policy, including the statement above, received a copy, and had the opportunity to seek further clarification to my satisfaction:</p>	
<p>_____</p> <p>Learner Signature</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Landlord Signature</p>	<p>_____</p> <p>Date</p>

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