



APPLICATION FOR HOSTEL ACCOMMODATION

This form should be completed if you are applying for University accommodation. The form must be accompanied by the stipulated processing fee as indicated in University documentation for the current Academic Year.

A. Student Details (please print in CAPITAL LETTERS)

Last Name: _____ Matriculation ID:

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First Name: _____ Contact Telephone: _____

Address 1: _____ Address 2: _____

P.O Box: _____ Email: _____

Program Name: _____

Please check appropriately:

Male Female Age: _____

Marital Status:
 Single Married Widowed Divorced

Application is for Term: _____ of Academic Year: _____

B. Reason(s) for Accommodation Request

Please explain why you are requesting for University accommodation:

C. Do you have any chronic medical condition that may complicate your stay at the dorms? If yes, state the condition and medication required._____

D. Emergency Contact Details:

In case of emergency, whom should we contact?

Name: _____ Relationship: _____

Physical Address: _____

Telephone #(s): _____ Email Address: _____

E. Student Declaration:

I have read the University Student Housing Policy and I will abide by the rules should I be allocated accommodation at the hostel. I understand that Northrise University has the right to take disciplinary action against me in the case of breach of one or more of the stated policies.

F. Student Signature: (required for processing): _____ **Date:** _____

Office Use Only

STUDENT ACCOMMODATION PROCESSING	
To be completed by Accounts Office:	
Amount Paid: K _____	
Housing Financial Aid: K _____	
Date: _____	
Signature: _____	
To be completed by NUCare Staff:	
Medical Checkup: _____	
Date of checkup: _____	
To be completed by Student Life Staff:	
Assigned Hostel: _____	
Room #: _____	
Date Student Moved In: _____	
Comments: _____ _____ _____	
Processed By: _____	Signature: _____ Date: _____