



**THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS**

APPLICATION TO RESIDE ON Mary Seacole Hall 2007 – 2008
(Application must be submitted with two passport size colour photographs)

INSTRUCTIONS:

- a) Only **FULL TIME** students are eligible for accommodation in a Hall of Residence.
- b) It is very important that you complete **ALL QUESTIONS**.
- c) **THIS FORM MUST BE COMPLETED AND RETURNED TO THE STUDENT SERVICES MANAGER'S OFFICE NO LATER THAN APRIL 5th, 2007.**
- d) Late applications **WILL NOT** be considered.
- e) Tick wherever appropriate.

THANK YOU FOR YOUR CO-OPERATION.

1. Name _____
Surname
First Name
Middle Name

_____ Hall Name

2. Age at present: _____ 3. Date of Birth: _____

4. ID Number: _____ 5. Territory: _____

6. Home Address: _____

_____ Tel. No. (Home) _____

_____ E-Mail Address

7. Present Address: _____

(If difference from above)

_____ Tel. No. _____

8. Mary Seacole Hall Living On () Living Off ()

9. Faculty: _____

10. Current Academic Status: Full Time () Part Time ()

11. August 2007 : Major _____ Year _____

Full Time () Part Time ()

12. Have you already lived in a Hall of Residence? If so, please state the name of the Hall/Halls and the period of time you lived in each Hall:

i. Name of Hall _____ ii. Name of Hall _____

Period of Time _____ Period of Time _____

13. Room Preference: Single () Double ()

14. During the year you are requesting residence, will you be holding an Official post in:

a. Mary Seacole Hall? _____

b. The Council of the Guild of Students? _____

If so, please state the Title of the Post:

15. **VERY IMPORTANT:** State your reason for wishing to reside on Hall:

16. **CO-CURRICULAR ACTIVITIES**

The information sought is about your record since you have been a student at the University, and NOT BEFORE:

Please seek verification from the president of each society or a Staff Advisor.

i. **University Activities**

President

President

ii. **Hall Activities**

Staff Advisor

Staff Advisor

iii. **Block Activities**

Staff Advisor

Staff Advisor

FOR OFFICIAL USE ONLY

Original Documents Returned:

Signature of Applicant

____/____/_____
Date (dd/mm/yyyy)

Signature of University Officer

____/____/_____
Date (dd/mm/yyyy)

OFFICIAL ASSESSMENT: Recommended/ Not Recommended

Student Services Manager

Resident Advisor

Block Representative

Remarks _____

Student Services and Development Manager Remarks _____
