



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

**APPLICATION TO RESIDE ON Mary Seacole Hall 20\_\_ – 20\_\_**  
*(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 MARCH 31, 2010.**
- 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 2010 : 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*

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**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_