

**UNIVERSITY OF THE WEST INDIES**  
**APPLICATION TO RESIDE IN ABC HALL**  
**2016-2017 ACADEMIC YEAR**



FORM NUMBER: \_\_\_\_\_

1. Only full time students are eligible for accommodation in a hall of residence.
2. Students are reminded that they may only apply for accommodation to the hall of residence to which they are assigned.
3. It is very important that you fill out all areas of this form. Complete application form MUST be accompanied by a passport size photograph of the applicant. The photograph should not be older than 6 months.
4. This form must be completed and returned to the Student Services and Development Manager's Office by Friday, April 21, 2017.
5. Incomplete applications will not be considered.
6. Late applications will not be considered.
7. Please write in BLOCK CAPITALS

1. SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
 OTHER NAMES: \_\_\_\_\_
2. AGE: \_\_\_\_\_ SEX: M ( ) F ( )
3. UWI ID. NUMBER: \_\_\_\_\_
4. COUNTRY: \_\_\_\_\_
5. PERMANENT ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. SEMESTER ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. CELL PHONE NUMBER: \_\_\_\_\_  
 HOME NUMBER: \_\_\_\_\_
8. E-MAIL ADDRESS (only one address): \_\_\_\_\_
9. I AM CURRENTLY: LIVING OFF ( ) ON ( ) ABC HALL  
 BLOCK: \_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_

I AM REQUESTING A ROOM CHANGE: YES ( ) NO ( )  
 PREFERRED ROOM NUMBER: \_\_\_\_\_  
 (Room changes are not guaranteed and can only be granted based on availability)

ACADEMIC STATUS AND YEAR IN YOUR PROGRAMME

10. FACULTY: \_\_\_\_\_ MAJOR: \_\_\_\_\_
- a. CURRENT YEAR: FULL TIME ( ) PART TIME ( ) LEVEL: \_\_\_\_\_
- b. UPCOMING YEAR: FULL TIME ( ) PART TIME ( ) LEVEL: \_\_\_\_\_
- c. THE UPCOMING YEAR WILL BE MY FINAL YEAR: YES ( ) NO ( )
- d. THE UPCOMING YEAR I WILL BE DOING MY 2<sup>ND</sup> MBBS  
(MEDICAL STUDENTS): YES ( ) NO ( )
11. HAVE YOU ALREADY LIVED IN A HALL OF RESIDENCE? IF SO  
PLEASE STATE THE NAME OF THE HALL/S AND THE PERIOD OF TIME  
YOU LIVED IN EACH HALL:
- (i) NAME OF HALL: \_\_\_\_\_ PERIOD OF TIME: \_\_\_\_\_
- (ii) NAME OF HALL: \_\_\_\_\_ PERIOD OF TIME: \_\_\_\_\_
12. IF YOU WILL BE HOLDING AN OFFICIAL POSITION IN HALL OR ON  
THE GUILD IN THE UPCOMING ACADEMIC YEAR PLEASE STATE  
POST: \_\_\_\_\_
13. STATE REASONS FOR WISHING TO RESIDE IN HALL:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
14. CO-CURRICULAR ACTIVITIES:
- (i) UNIVERSITY ACTIVITIES: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Club Coordinator Signature and Stamp/s
- (ii) HALL ACTIVITIES: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Resident Advisor Signature
- (iii) BLOCK ACTIVITIES: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Block Representative Signature

I affirm that the information furnished is true and correct and that it is my intention to make a positive contribution to life on the Block and in the Hall and University. I agree to abide by all rules and regulations and realize that failure to do so could result in expulsion from the Hall and/or other sanctions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_