



THE UNIVERSITY OF THE WEST INDIES  
MONA CAMPUS



ELSA LEO-RHYNIE HALL  
(THE TOWERS)

**Application for Summer Accommodation 201 on the Elsa Leo-Rhynie Hall**

This form must be completed in full and in BLOCK CAPITALS then returned to the Hall's Office in advance of your intended stay.

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Sex: M ( ) F ( ) ID#: \_\_\_\_\_

Name of Group (if applies) \_\_\_\_\_

Territory/Nationality: \_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Semester Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Faculty: \_\_\_\_\_ Major(s): \_\_\_\_\_

Please State period you wish to reside in Hall during the summer.

\_\_\_\_\_

Please state reason(s) for wishing to reside in Hall for the stated summer period.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that the information given above is true and correct. I agree to abide by all the rules and regulations as stated in the Charter of Hall Principles & Responsibilities and I realize that failure to do so may result in expulsion from the Hall and/or other sanctions.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

