

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

**RETURNING STUDENTS' APPLICATION TO RESIDE ON
MARY SEACOLE HALL 20__ - 20__**

(First time applicants must submit a passport sized photograph along with their application)

INSTRUCTIONS:

1. Only **FULL TIME** students are eligible for accommodation in a Hall of Residence.
2. It is very important that you complete **ALL QUESTIONS**.
3. **THIS FORM MUST BE COMPLETED AND RETURNED TO THE HALL'S MAIN OFFICE NO LATER THAN 4:30 PM ON THE LAST FRIDAY IN MARCH 20__.**
4. Late applications (up to 7 days past the due date) **WILL ATTRACT a late fee of \$1000.00. Applications will not be accepted past this time.**
5. Tick wherever applicable.

THANK YOU FOR YOUR CO-OPERATION.

1. Name (in full) _____
_____ (if you currently live on hall)
Hall Name

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

4. ID Number: _____ 5. Faculty: _____

5. I am currently in: 1 year 2 year 3 year 4 year
st nd rd th

6. Territory: _____

7. Home Address: _____

Tel.# (Home) _____
(Cell#) _____

_____ E-Mail Address

8. Present Address: _____
(If different from above)

Tel.# (Home) _____ (Cell.#) _____

10. Current Academic Status: Full Time Part Time

11. August 2018 : Major _____

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

i. Name of Hall _____ Period of Time _____

ii. Name of Hall _____ Period of Time _____

13. Room Preference: Single Double

i. Specific floor or room number? _____

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

ii. Hall Activities

Staff Advisor

Staff Advisor

President

President

iii. **Block Activities**

President

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	<input type="checkbox"/>	Resident Advisor	<input type="checkbox"/>
		Block Representative	<input type="checkbox"/>
Remarks _____			

Student Services and Development Manager Remarks _____			

