

**THE UNIVERSITY OF THE WEST INDIES  
MONA CAMPUS  
APPLICATION TO RESIDE ON  
MARY SEACOLE HALL FOR SUMMER 20\_\_  
May \_\_ - July 31, 20\_\_**

**INSTRUCTIONS:**

- a) It is very important that you complete ALL QUESTIONS.
- b) This form must be completed and returned to the Student Services and Development Manager's Office at least two (2) weeks in advance of the time you will require the accommodation.

**THANK YOU FOR YOUR COOPERATION**

1. Name: \_\_\_\_\_

2. Age at present: \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_

3. ID Number: \_\_\_\_\_ 5. Territory: \_\_\_\_\_

4. Home Address: \_\_\_\_\_  
\_\_\_\_\_

Tel.No. (Home) \_\_\_\_\_ Cell. No. \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_ (Tel. No.) \_\_\_\_\_

5. Semester Address:  
\_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_

6. Faculty: \_\_\_\_\_

7. Major \_\_\_\_\_

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

9. **VERY IMPORTANT: State your reasons for wanting to reside on Mary Seacole Hall for the summer.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***PERIOD REQUESTING ACCOMMODATION***

(FROM) \_\_\_\_\_ (TO) \_\_\_\_\_

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**OFFICIAL USE ONLY**

Cost \_\_\_\_\_

Request Granted  Not Granted