



# THE UNIVERSITY OF THE WEST INDIES (MONA CAMPUS)

## APPLICATION FOR POSTGRADUATE HOUSING

*N.B. PLEASE PRINT AND TICK APPROPRIATE BOX WHERE NECESSARY*

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Surname) (First name) (Middle name)

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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### ACADEMIC INFORMATION

State Department to which you are attached: \_\_\_\_\_

Programme/Course of Study

Masters  M. Phil  M.Ed

PhD

State Field of Research: \_\_\_\_\_

Date of Commencement: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

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Have you ever lived in a Hall of Residence/Dormitory before? Yes  No

Was it a Hall of Residence at UWI, Mona? Yes  No

If yes state which one: \_\_\_\_\_

**(Students who have lived in a Hall of Residence at UWI, Mona will need to have the application form signed by the Students Services Manager for the respective Hall).**

**TERMS OF PAYMENT**

**Indicate Status:**

Demonstratorship

Scholarship

Other (state)

**If your status is not one of the above categories then payment should be made in advance or by a Standing Order for monthly rental.**

Indicate your proposed term of payment:

(i) Advanced

(ii) Standing Order

If (ii) state name and address of Bank: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Head of Department or Supervisor's Remarks: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Student Services Manager's remarks: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_