



THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS
OFFICE OF THE CAMPUS REGISTRAR
(Admissions Section)

OUR REFERENCE

HALL OF RESIDENCE APPLICATION FORM
ACADEMIC YEAR – 2016/2017

New Students (Full Time only)
(Kindly fill out the form using BLOCK letters)

Personal Information:

UWI ID/Registration No. (If applicable)

SURNAME: _____

FIRST NAME: _____

HOME ADDRESS: _____

(Including Country)

Mailing Address (if different from above) _____

GENDER: Female/ Male DATE OF BIRTH: _____

DD/MM/YY

TELEPHONE: _____

(Home)

(Mobile)

(E-Mail)

Person to be contacted in case of an emergency:

NAME: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

(Home)

(Mobile)

(E-Mail)

Do you have any known medical condition or physical disability?

Family Physician: _____

Contact: _____

High Schools/Tertiary Institution attended: _____

Co Curricular Activities: _____

Academic Information

Postgraduate

Undergraduate

FACULTY: _____

PROGRAMME/COURSE OF STUDY: _____

Hall Information

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 _____

State the period for which you previously stayed in hall (if applicable) _____

***Students who have been accepted to the University, and who requested Hall Accommodation must contact the Hall to which they applied to verify their accommodation status. Students must notify the Hall immediately if accommodation is no longer required. Please be advised that only full time students are eligible to apply for room in a Hall of Residence.**

I UNDERSTAND AND AGREE THAT:

- (1) Acceptance to the University does not guarantee an assignment to a room.**
- (2) The University's regulation on conduct and policies under which housing facilities are operated must be observed at all times during the period of residence.**
- (3) It is my responsibility to update my contact information.**
- (4) If I fail to respond to ANY correspondence from the Halls of Residence within by the stated deadline my application will be cancelled.**
- (5) Persons who have been offered and accepted a place in a hall will only be guaranteed accommodation for a period of one academic year, providing that all terms and conditions of the Hall agreement and tenancy are adhered to.**

Date: _____

Signature: _____