HOSTEL *Accommodation*

STUDENT NUMBER: For Official Use

Academic Year Applied for:

The closing date for applications: 09 September
NO LATE APPLICATIONS WILL BE CONSIDERED

PASSPORT PHOTO OF APPLICANT (Compulsory)

Please attach a recent passport photograph of yourself

UNAM
UNIVERSITY OF NAMIBIA

Instructions: Use block letters to complete this form where space is provided or place an 'X' in the correct square.
Incomplete applications will not be accepted. All certified documents will be filed - no copies will be returned to applicants.

THIS APPLICATION IS NOT BINDING ON EITHER THE APPLICANT OR THE UNIVERSITY OF NAMIBIA, ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL.
1. UNAM has limited accommodation space on campus. Admission to the university does not necessarily guarantee you hostel accommodation. 2. Should your application be unsuccessful kindly make alternative accommodation arrangements prior to your traveling to Windhoek. 3. Windhoek residents may not be considered for campus accommodation.

SECTION 1: APPLICANT'S PARTICULARS

Please provide current UNAM student no., if any:											
Title:	Mr		Ms		Other(specify)						
Surname:											
First Name(s) in full:									Initials:		
Gender:	M		F								
Who will be responsible for your account?											
Postal Address:		☎ + Code:					Residential Address:				
		Cell No:									
		Fax No:									
Country:		E-mail:					Region:				

SECTION 2: APPLICANT'S LEGAL GUARDIAN/NEXT OF KIN PARTICULARS

Family relationship with the person whose particulars are supplied.							
Father		Mother		Spouse/Partner		Guardian	
Name & Surname:							
Home Address (next of kin/guardian):							
						Tel No.: Work	
Tel. No.: Home			Cell No.:			Email.:	

SECTION 3: PERSONAL PARTICULARS

Do you have a disability?	Yes		No		*(for planning purposes only)*
If 'yes' please give the nature & severity of the disability.					
Based on your disability, do you have special needs?	Yes		No		

Do you suffer from any serious illness or abnormality?	Yes		No		*(for planning purposes only)*
If 'yes' please give details of the nature, severity, date and duration of the illness.					

(Please note that you may be contacted.)

DECLARATION

I declare that the information provided above is true and correct.

SIGNATURE OF APPLICANT Date

SIGNATURE OF GUARDIAN Date
(If applicant is under 21 years of age)

FOR OFFICIAL USE

Residence:

Year: Student Number: Course of Study:

Signature.....**Date:** ..... Floor: Room Number: