CATHOLIC UNIVERSITY HOSTEL APPLICATION FORM

Name: ……………………………………………………………
Programme: ………………………………………………………
Index Number: ……………………………………………………
Level: ………… Phone #: …………………………………………. 
E-mail: ……………………………………………………………

Dear Sir,

REQUEST FOR ROOM RESERVATION

I am applying for hostel accommodation for the 2013/2014 academic year. By this application, I request the University to bill me for the appropriate hostel accommodation charges.

Hostel Preference*:
1st Choice: ………………………………………………………
2nd Choice: ……………………………………………………..
3rd Choice: ………………………………………………………

Room Allocation (Tick appropriately)*:
1 person in a room ☐ 2 persons in a room ☐ 3 persons in a room ☐ 4 persons in a room ☐

Terms and Conditions:
1. Hostel rooms are allocated on a first come first serve basis.
2. Hostel rooms are shared. However, students who opt for 1 - 3 persons room allocation above shall be required to come along with the other roommates for billing purposes
3. Hostel allocation is an exclusive preserve of the University. Thus, students preferred hostel may be changed.
4. List of students who have been allocated hostels shall be published on the University’s notice boards before the commencement of the semester.
5. Students who have been allocated hostels shall be given ‘Hostel Access Chit’ by the Finance Office.
6. The University may give some priority to students with special needs when pertinent information is made known to the University at the time of submitting this form.
7. Students who opt for University accommodation shall be required to stay for at least one (1) academic year. Thus, students who opt out of the hostel in the course of the year shall still pay the full hostel fee for the year

Declaration:
I have carefully read and accepted the terms and conditions pertaining to the hostel reservation.

Signature of Student: ……………………………………………….. Date: ……………………………………………

Names of Available Hostels:
New Campus Hostel 1
New Campus Hostel 2
Sacred Heart Hostel
SSNIT Hostel (Male students only)
St. Marv’s Hostel (Male students only)

Dean of Students Only

Name of Hostel Allocated: …………………………………………… Room # ☐ ☐ ☐
Sign: ……………………………………………………………….. Date: ……………………………………..

Finance Officer’s Use Only

Processing Instruction to: ………………………………………………………………………………………………………
Sign: ………………………………………………………………………… Date: ……………………………………..