

**=THE UNIVERSITY OF THE WEST INDIES (MONA CAMPUS)**

**APPLICATION FORM FOR POSTGRADUATE HOUSING**

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

**Personal data**

**Date:.....**

**Name.....**  
**(Surname) (First name) (Middle name)**

**PERMANENT ADDRESS.....**

.....

..... **Telephone No.....**

**Sex..... Marital Status.....**

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**EDUCATIONAL STATUS**

**State Hall of Residence.....**

**State Department to which you are attached.....**

**Specific type of course**

**Masters  M. Phi  MEd**

**PhD**

**State field of research .....**

**State Date of Commencement.....**

**State expected Date of Completion.....**

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**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 (six months) 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:.....**

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**ACCOMMODATION**

**Type of accommodation:**

**Own bedroom shared facilities  
(accommodate 4 persons)**

**Studio Apartment**

**One bedroom Apartment**

**Signature of Applicant:.....**

**Head of Department or Supervisor's Remarks:**

**Signature:.....**

**Student Services Manager remarks:**

**Signature:.....**

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