

Application for Accommodation

GENERAL INFORMATION

| | | | |
|------------------------------|---|---|--|
| First name | Last name | | |
| Date of birth (DD/MM/YYYY) | Occupation STUDENT <input type="checkbox"/> TEACHER <input type="checkbox"/> | Gender MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | |
| Place of birth / Nationality | E-mail address | | |
| Passport or FM2-3 number | Date and place of issue | | |

ACCOMMODATION PERIOD

Spring semester Fall semester Academic year Summer school

| | |
|-------------------------|---------------------------|
| Starting date (move-in) | Closing date (moving-out) |
|-------------------------|---------------------------|

HOME ADDRESS

| | |
|------------------|--|
| Street address | City |
| State / Province | ZIP code |
| Country | Telephone (country and city code + number) |

IN CASE OF EMERGENCY CONTACT

| | |
|------|--|
| Name | Telephone (country and city code + number) |
|------|--|

Do you smoke? YES NO

Is non-smoking accommodation essential? YES NO

PLACE AND DATE

SIGNATURE