



On Campus Plus
University Abroad Program
Housing Form 2015 - 2016

All fields must be completed.

I am applying for a place at: (name of host college/university)

Student details

Family name:

First/given names:

Date of birth: m m / d d / y y

Male ☐

Female ☐

Student ID number:

Freshman ☐

Junior ☐

Sophomore ☐

Senior ☐

Graduate ☐

Transfer ☐

Address:

Phone number:

Email:

I will enter the residence: Fall ☐ Spring ☐

Year:

Expected graduation year:

Emergency contact for accommodation office:

Family name:

First/given names:

Relationship to student:

Male ☐

Female ☐

Home address:

Country:

Home telephone:

Business telephone:

Mobile telephone:

Fax:

Email:

Medical information

Students cannot move in without proof of medical insurance. If you do not have proof of insurance, you will be billed for the university's health insurance.

Do you have private medical insurance? Yes ☐ No ☐ (If yes, please fill out policy information below)

Name of insurer:

Policyholder's name:

Policy number:

Vehicle

Do you plan to bring a car to campus? Yes ☐ No ☐ Maybe ☐ (If yes, please fill out car information below)

Vehicle make:

Vehicle model:

Please note that parking is limited and students are required to purchase a parking permit from the university.

