PLEASE ATTACH PHOTO					
For office use:					
Date received:					
Deposit: PAID□ NOT PAID□					



Off Campus Accommodation Office Summerstrand Campus (South) Tel: +27 (0)41 504 4735/6 Fax: +27 (0)41 504 9661 Email: <u>offcampus.accommodation@nmmu.ac.za</u>

## **APPLICATION FOR OFF-CAMPUS ACCOMMODATION**

Please note that this application can only be considered after your application for admission to the university has been approved and a refundable damages deposit fee of R2000 has been paid.

Student Number:						
Academic Activities						
Qualification for which yc	ou are currently registered fo	r				
Academic level of study (first year, senior, B Tech, Honours, Masters or PHD)						
Personal details						
Title Initials	Surname		First na	me(s) in full		
Date of birth	AgePas	sport No			Marital status	
NationalityHome Language						
Residential Address (cou	untry of origin)					
Postal address (country o	of origin)					
Telephone numbers: Ho	ome		cell			
Other	e-m	nail				
Have you previously bee	n registered at NMMU? Yes	so Noo				
Population Group (information required by the Department of Education)						
□ White	Coloured	□ Asian	Γ	Black	□Other	
If other, please specify						
Gender : Male 🛛 fem	ale 🗆					
Accommodation options (see website for details www.nmmu.ac.za/accommodation/offcampus)						
Option 1		Option	า 2			
Monthly rental budget (el	lectricity prepaid)			Would you s	share with other cultures. Yes□ No□	
Please indicate if you would like to share accommodation with another student (not room)						
Student number	Surname			First name	(s) in full	
Student number	Surname			First name	(s) in full	

## UNDERTAKING BY PROSPECTIVE RESIDENT STUDENT

**NB:** It is a prerequisite for admissions to University that this section be completed in full and signed by the applicant **AND** his/her parent/guardian and witnesses.

I, the undersigned prospective student

(Name in block capitals please)

Have noted the contents of the General Regulations for Accredited Off campus Residence of Nelson Mandela Metropolitan University, of which the following in particular have been brought to my attention:

- 1. Upon my admission to the accommodation I am expected to accept responsibility for the property of the University in my room in accordance with the Registrar's/Landlord/Agents instructions.
- 2. The keeping and use of intoxicating liquor in residences and public spaces of such residence is prohibited.
- 3. All off campus accommodation is smoke free and is strictly prohibited.
- 4. The possession of drugs is strictly prohibited.
- 5. The possession of fire-arms is strictly prohibited.
- 6. A refundable damages deposit fee of R2000 must accompany all accommodation applications. The deposit will be refunded to the Applicant upon the expiration of the lease period, less any amount deducted in respect of damages, if applicable, to the leased property, fair wear and tear excepted. Claims received after one year will not be processed and students will forfeit the damages deposit fee. Students that have paid deposits and confirmed accommodation with the Office will not be allowed to cancel the booked accommodation for the duration of one semester. If a student cancels an application for admission after accommodation has been secured, the full deposit and rental will be forfeited.
- 7. Should the Off Campus Accommodation Office not receive the student's application form prior to arrival, the student shall be held liable for a R500 location fee to source accommodation. This will be charged to your student account.
- 8. NO STUDENT WILL BE ADMITTED TO OFF CAMPUS ACCOMMODATION WITHOUT THE FOLLOWING PAYMENT:
- 8.1 <u>DEGREE SEEKING STUDENTS</u>: PAYMENT OF THE ADMINISTRATIVE FEE OF R2000 AND FIRST TERM RENTAL (THIRD TERM IF ARRIVING DURING THE SECOND SEMESTER) PRIOR TO REGISTRATION.
- 8.2 <u>STUDY ABROAD/EXCHANGE STUDENTS</u>: PAYMENT OF THE REFUNDABLE DAMAGES DEPOSIT OF R2000 AND THE FULL SEMESTER RENTAL PRIOR TO REGISTRATION.

ALL STUDENTS MUST GET FINANCIAL CLEARANCE FROM THE FINANCE DEPARTMENT.

## EMERGENCY OPERATION

CIONATURE OF ARRUNANT.

The Nelson Mandela Metropolitan University is hereby authorized to act on my behalf in any case where, on medical advice, an emergency operation is considered to be necessary. The Director of Student Housing (SA students) or Director: OfIE (all International or Study Abroad students) in consultation with the Registrar will exercise this authority.

## **REGULATIONS AND RULES FOR RESIDENT STUDENTS**

Before taking up residence I shall inform myself all the Regulations and Rules laid down by the University in respect of Residence. I undertake to be bound by these regulations and any that may be formulated in the future. I further undertake to accept the present authorities in the residences.

NB: Due to limited space, please note that this application does not confirm your choice or place.

SIGNATURE OF AFFLICANT			
SIGNATURE OF PARENT OR GUARDIAN IF THE PROSPECTIVE STUDENT IS UNDER THE AGE OF 21 YEAF	RS:		
NAME OF PARENT / GUARDIAN:			
SIGNATURE OF TWO WITNESSES:			
Witness 1	Witness 2		
Dates at	on this	day of	20
I hereby acknowledge that I have read, understand and acce behavioural guidelines attached.	pt the terms an	d obligations provided for above as	s well as the residence
Signature of Student	Signature of Pa	arent/Guardian (required if student i	s under 18)
Signature of University Designee		Date	