

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

**APPLICATION FOR MARLENE HAMILTON HALL (“The Studios”)**

**ANSWER ALL RELEVANT QUESTIONS AND TICK APPROPRIATE BOX**

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
(Surname) (First name) (Middle name)

I.D. NUMBER: \_\_\_\_\_

GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TERRITORY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT INFORMATION: Tel #: \_\_\_\_\_ (work/hm) \_\_\_\_\_ (cell)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**SPECIAL NEEDS:** Yes  No

If yes, state:  
(optional) \_\_\_\_\_

**SPECIAL INTEREST:** \_\_\_\_\_

\_\_\_\_\_

**ACADEMIC INFORMATION**

Faculty: \_\_\_\_\_ Department: \_\_\_\_\_

Programme: \_\_\_\_\_ PhD  MSc  MPhil  MEd  MA

Level of Study: \_\_\_\_\_ Part time  Full time

Date of Commencement: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

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Have you resided in a Hall of Residence/ Dormitory before? Yes  No

If yes, please state name and period: \_\_\_\_\_

Floor Preference: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  (not guaranteed)

No preference:

**REFERENCES:**

Name of Referee: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Information: Tel #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Referee: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Information: Tel #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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