

| FOR OFFICE USE |         |
|----------------|---------|
| Date           |         |
| Intl           |         |
| Period         | Year    |
|                | 1st Sem |
|                | 2nd Sem |
| R&C            |         |

## VISITING STUDENTS APPLICATION FOR ACCOMMODATION

| 1 PERSONAL PROFILE   |   |
|--|---|
| Surname (Family Name)  | First or Given Name(s) Dr/Mr/Mrs/Miss/Ms Nationality  |
| Date of Birth  | Age Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>  |
| Home Address   | Address for Communication (if different)<br>Residence Services will contact you by email or post in the 3 months before you come to Strathclyde. Please make sure you give addresses you will use during this period. |
| Telephone No<br>Fax No (if applicable)<br>E-mail address   | Telephone No<br>Fax No (if applicable)<br>E-mail address  |
| Health: Do you have any health problems, physical disabilities or sensory impairments? (Please give details)<br><i>NB This information will be kept confidential</i> | Next of Kin (Name and address of person we should contact in an emergency)  |
| 2 ACADEMIC PROFILE   |   |
| Exchange Programme   |   |
| Is your Exchange: ERASMUS / NON EUROPEAN EXCHANGE / FEE PAYING STUDY ABROAD / OTHER<br>(Please delete as appropriate)  |   |
| At which University/College are you studying at the moment? _____  |   |
| In Which Department will you study at Strathclyde? _____   |   |
| Name your Supervisor or contact at Strathclyde _____   |   |
| When does your Exchange period begin? _____  |   |
| When does your Exchange period end? _____  |   |

### 3 UNIVERSITY ACCOMMODATION

Remember only some European Exchange students will be given University accommodation. If you prefer to live in non University private accommodation, please tick this box

Please tick the type of accommodation you are seeking

#### *Contract Period you require*

1st Semester ☐  
18 weeks

2nd Semester ☐  
19 weeks

1st & 2nd Semester ☐  
37 weeks

Please state the name of your preferred residence (Most Non European Exchange students are housed in Birkbeck Court)

1 .....

2 .....

3 .....

When do you expect to arrive?

Do you have any personal needs which affect where you live?

Yes ☐ No ☐

If yes, please specify

Do you have any dietary restrictions? (eg vegetarian or avoidance of meat for religious reasons)

Yes ☐ No ☐

If yes, please specify

Please help us to match you with suitable sharers by answering the following. How would you describe yourself and your leisure interests (Please tick)

| Personality (3 choices only) |              | Leisure interests (5 choices only) |                      |
|------------------------------|--------------|------------------------------------|----------------------|
| Quiet                        | Night Person | Watching TV                        | Going to the theatre |
| Outgoing                     | Tidy         | Going out to pubs                  | Sport                |
| Friendly                     |              | Listening to music                 | Going to concerts    |
| Morning Person               |              | Reading                            | Going to Parties     |

Are you a smoker? Yes ☐ No ☐

Are you willing to share accommodation with smokers? Yes ☐ No ☐

What kind of person would you like your flatmate to be

Is there anything else we should know about your accommodation needs?

### 4 DECLARATION

I declare that the information given in this Application Form is true and correct at the time of completion. I understand that any falsification will result in either the rejection of my application or the withdrawal of any offer of accommodation.

Signed ..... Date .....