



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, BARBADOS

Place
photo
here

APPLICATION TO RESIDE ON HALLS OF RESIDENCE

NEW APPLICANTS

KINDLY COMPLETE AND RETURN TO THE HALLS ADMINISTRATOR, HALLS OF RESIDENCE, THE UNIVERSITY OF THE WEST INDIES, CAVE HILL CAMPUS, BARBADOS

NAME: (Block Letters) _____
Surname First Name Other Names

DATE OF BIRTH: D: _____ M: _____ Y: _____ MALE FEMALE

NATIONALITY _____ MARITAL STATUS _____

NAME OF PARENT/GUARDIAN/SPOUSE: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____
(If Different From Home)

TEL NO. _____ E-MAIL ADDRESS (BLOCK LETTERS): _____

FACULTY: _____ YEAR: I / II / III/ UNDERGRAD POSTGRAD

SCHOLARSHIP/BURSARY/EXHIBITION (Please Specify): _____

RELIGION/DENOMINATION: _____

EXTRA CURRICULAR ACTIVITIES AND INTEREST: _____

DISABILITIES/ALLERGIES _____

SIGNATURE: _____ DATE: _____

NOTE: PLEASE ATTACH 2 PASSPORT SIZE PHOTOS ON COMPLETION OF FORM.

RESIDENTS ARE REMINDED THAT HALL ACCOMMODATION IS OFFERED ON A YEARLY BASIS. PLEASE NOTE THAT FIRST YEAR STUDENTS ARE GIVEN PRIORITY. RESIDENTS SHOULD THEREFORE SEEK OFF-CAMPUS ACCOMMODATION AFTER ONE YEAR ON HALLS