**Department of Student Services**

Residence Application Form 2024

(FEMALE STUDENTS ONLY)

 **Indicate room number if currently in the hostel:………………**

**Academic Year Applied for:**

**1st 2nd 3rd 4th**

**Faculty: Course:**

**STUDENT NUMBER:**

Mode of StudyFulltime Part-time Distance

**SECTION 1: Personal Details**

**Deadline for Submission: 16 October 2023**

Form must be returned immediately via e-mail

**dss-hostelapplications@nust.na**

This application is not binding on either the applicant or the Namibia University of Science and Technology (NUST). All Information will be treated as confidential.

**Instructions:** Use block letters to complete this form where space is provided or place an ‘X’ in the correct square. Incomplete applications will not be accepted.



|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Initials |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Identity No / Passport No |  |

Maritial Status Gender

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Single |  | Married |  | Divorced |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth | Y Y Y Y D D M M | Cell No. |  | Tel No. |  |

Nationality

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Namibian |  | Other |  | Please Specify |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail Address |  | Postal Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Residential Address |  | Town |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Region |  | Country |  |

**SECTION 2: Contact Details of Person Responsible for Account**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Initials |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Identity No. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Residential Address |  | Postal Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Country |  | Cell No. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail Address |  | Tel No. |  |

**SECTION 3: Next of Kin Contact Details** *(for emergencies)*

**Family relationship with the person whose particulars are supplied**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Father |  | Mother |  | Spouse / Partner |  | Guardian |  |

Name and Surname

Residential Address

|  |  |  |  |
| --- | --- | --- | --- |
| Tel No. Home |  | Country |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel No. Work |  | Cell No. |  |

**SECTION 4: Physical Status** *(for planning purposes, please note that you may be contacted]*

Do you have a disability?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If ‘YES’, please specify

Based on your disability, do you have special needs?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If ‘YES’, please specify

Do you have a chronic illness?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**SECTION 5: Medical Aid Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Medical Aid |  | Medical Aid No. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Main Member |  | Identity No. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cell No. |  | Tel No. |  | E-mail Address |  |

Relation to Student?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Father |  | Mother |  | Other |  | Specify |  |

**SECTION 6: Conditions**

**Senior Students First Year Students**

**Check List: Items that must be submitted together with your application. Please mark**

**Check List: Items that must be submitted together with your application. Please mark**

Application form: All parts of the application must be completed.

Original June results **(NO PRINT OUT FROM STUDENT KIOSK)**. Students doing year courses such as Engineering and Architecture should submit a progress report or a confirmation letter from a lecturer.

Certified copies of parents/guardian ID documents. Police declaration obtained in the town where

parents/guardians live , stating that they do **not live in**

**Windhoek.**

Certified copy of latest electricity/water bill **OR** Police declaration stating parents/guardians do not have a water or electricity bill. No application will be considered **WITHOUT** an electricity/water bill.

**No pre-paid print outs will be accepted.**

Application form: All parts of the application must be completed.

A certified copy of latest school results e.g. August results.

Certified copies of parents/guardian ID documents. Police declaration obtained in the town where

parents/guardians live, stating that they do **not live in**

**Windhoek.**

Certified copy of latest electricity/water bill **OR** Police declaration stating parents/guardians do not have a water or electricity bill. No application will be considered **WITHOUT** an electricity/water bill.

**No pre-paid print outs will be accepted.**

**The following conditions are applicable to both senior and first year students:**

1. NUST has limited residence space. Admission to NUST does not guarantee space in the hostel.

2. No hostel accommodation applications will be accepted for students residing in Windhoek.

3. Only full-time registered NUST students will be accommodated.

4. A confirmation letter will be sent to all successful applicants. Unsuccessful applicants will also be notified.

5. **NO LATE APPLICATIONS WILL BE CONSIDERED.**

**SECTION 7: Declaration**

**I declare that the information provided above is true and correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant |  | Date |  |

If applicant is under 21 years of age

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Guardian |  | Date |  |

**NOTE:**

On signing the Registration Form and/or Residence Application Form, a student binds himself/herself to obey all the legal provisions and rules

of NUST, and it is the student’s duty to become acquainted with such legal provisions and rules. Ignorance of such legal provisions shall not

establish a defense. In this regard, NUST Act of 2015, all the Calendars and Prospectuses, the rules and prescriptions of Council, Senate, Board

of Studies, Departments, the Vice-Chancellor pronouncements or those of any other authorised official or body are important.

**FOR OFFICIAL USE**

**To be completed by the Superintendent:**

Residence

Name of Superintendent

|  |  |  |  |
| --- | --- | --- | --- |
| Year |  | Student Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty |  | Course |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signature |  | Date |  | Floor |  | Room Number |  |