



**NAMIBIA UNIVERSITY
OF SCIENCE AND TECHNOLOGY**

Department of Student Services

Residence Application Form 2027

(MALE & FEMALE STUDENTS) SEE IMPORTANT NOTES ON LAST PAGE

Indicate room number if currently in the hostel and if you prefer to stay in this room :.....

Academic Year Applied for:

1st 2nd 3rd 4th

Faculty

Course

STUDENT NUMBER

Mode of Study Fulltime Part-time Distance

Deadline for Submission: 30 OCTOBER 2026 @ 16h30

Form must be returned immediately via email (**NO HARD COPIES ACCEPTED**)

dss-hostelapplications@nust.na

NOTE: LIMITED SPACE AVAILABLE

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.

SECTION 1: Personal Details

Surname Initials

Full Name Identity No / Passport

Marital Status Single Married Divorced Gender Male Female

Date of Birth Cell No. Tel No.

Nationality Namibian Other Please Specify

E-mail Address Postal Address

Residential Town

Region Country

SECTION 2: Contact Details of Person Responsible for Account

Surname Initials

Full Name Identity No.

Residential 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 | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Spouse / | <input type="checkbox"/> | Guardian | <input type="checkbox"/> |
|--------|--------------------------|--------|--------------------------|----------|--------------------------|----------|--------------------------|

| | |
|------------------|----------------------|
| Name and Surname | <input type="text"/> |
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| | |
|---------------------|----------------------|
| Residential Address | <input type="text"/> |
|---------------------|----------------------|

| | | | |
|--------------|----------------------|---------|----------------------|
| Tel No. Home | <input type="text"/> | Country | <input type="text"/> |
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| | | | |
|--------------|----------------------|----------|----------------------|
| Tel No. Work | <input type="text"/> | Cell No. | <input type="text"/> |
|--------------|----------------------|----------|----------------------|

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

| | | | | |
|---------------------------|-----|--------------------------|----|--------------------------|
| Do you have a disability? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---------------------------|-----|--------------------------|----|--------------------------|

| | |
|--------------------------|----------------------|
| If 'YES', please specify | <input type="text"/> |
|--------------------------|----------------------|

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Based on your disability, do you have special needs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
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| If 'YES', please specify | <input type="text"/> |
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|--------------------------------|-----|--------------------------|----|--------------------------|
| Do you have a chronic illness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--------------------------------|-----|--------------------------|----|--------------------------|

SECTION 5: Medical Aid Details

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|-----------------|----------------------|-----------------|----------------------|
| Name of Medical | <input type="text"/> | Medical Aid No. | <input type="text"/> |
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|------|----------------------|--------------|----------------------|
| Main | <input type="text"/> | Identity No. | <input type="text"/> |
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| | | | | | |
|----------|----------------------|---------|----------------------|----------------|----------------------|
| Cell No. | <input type="text"/> | Tel No. | <input type="text"/> | E-mail Address | <input type="text"/> |
|----------|----------------------|---------|----------------------|----------------|----------------------|

| | | | | | | | | |
|----------------------|--------|--------------------------|--------|--------------------------|-------|--------------------------|---------|----------------------|
| Relation to Student? | Father | <input type="checkbox"/> | Mother | <input type="checkbox"/> | Other | <input type="checkbox"/> | Specify | <input type="text"/> |
|----------------------|--------|--------------------------|--------|--------------------------|-------|--------------------------|---------|----------------------|

SECTION 6: Conditions

Senior Students

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.

First Year Students

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

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. **PLEASE TAKE NOTE THAT THE NUST HOSTEL CAN ONLY ACCOMMODATE A CERTAIN NUMBER OF STUDENTS.**
6. Priority will be given to students who submitted their hostel applications via email before the deadline.
7. **NO LATE APPLICATIONS WILL BE CONSIDERED. DUE DATE IS 30 October 2026 at 16h30 OFFICIAL HOURS.**
8. Students can choose to stay in their old rooms if they are currently in the hostel, and qualify to stay in the hostel 2027.
9. **IMPORTANT:** Email your application in **ONE PDF DOCUMENT. DO NOT EMAIL DOCUMENTS SEPARATELY OR PAGE BY PAGE.**
10. Please confirm the email address before you send the email.
11. You will receive a notification upon receiving your application and thereafter whether you were successful or not. Please **REFRAIN FROM SENDING THE EMAIL MULTIPLE TIMES.**

SECTION 7: Declaration

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

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

If applicant is under 21 years of age

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

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| Residence | |
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|------------------------|--|
| Name of Superintendent | |
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|------|--|----------------|--|
| Year | | Student Number | |
|------|--|----------------|--|

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

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