



AU Female Student Residence

Reservation Application

		Date:						
Personal Information								
Full Name:		Program:						
Student ID #:CI	ient #: 8.	Academic Year: 20 /20 Semester:						
Nationality:	9.	Marital Status: Single () Married ()						
Passport #:	10	Date of Birth:						
Students' Email Address:	11	Mother's Full Name:						
Students' Mobile #:								
rdian's Information:								
Guardian's Name:	M	obile #:						
city/Country:	Н	Home Phone #						
ddress:	W	Work Phone #:						
Email:	Fa	IX #:						
		ax #:dministration should be aware of?						
ical Conditions: Do you have any pre-existing medic Yes No	cal conditions that the Housing A	administration should be aware of?						
ical Conditions: Do you have any pre-existing medic Yes No yes, please provide more details: A medical examination is required f	cal conditions that the Housing A for all residents of AU Student R pout your special interests or ho	administration should be aware of?						

Before accepting, please take time to review the attached Rules of Occupancy by which every resident is required to abide whilst residing in the facility.

- The housing administration has the right to transfer any student during the period of residence from one room to another. In the
 event of noncompliance, the resident will bear all related extra costs.
- The housing administration will reserve the type of housing specified by the applicant but is not necessarily obliged to reserve a requested room number.
- The housing administration has the right to dispose of a tenant's belongings if the tenant has been absent from the hostel for a period of one month.

Accommodation Acceptance Offer

below for the:	() Fall	() Sp	er of the ye	ear:	./				
Туре	Single-bed Studio		Twin-bed Studio		Twin-bed Room		Triple-bed Room			
	Fall/ Spring	Summer	Fall/ Spring	Summer	Fall/ Spring	Summer	Fall/ Spring	Summer		
NU Students		12,600	4,500	6,500	2,500	7,000	3,000	5,500	2,000	
irst choice										
econd choice										
My intended date a	nd tin	ne of arrival	is:							
Date:						Time:				
Roommate(s) Name										
Fig. 20 21 0 2 22 22 12 22										
Financial Commitm										
• To confirm your			•	-		•				
Housing office v	-	-				-			•	
a prepayment o			-					_	-	
The applicant ca	_	-				or on-line by	using the	AU line payr	nent or ca	
deposit any amo	ount u	ising the fol	lowing ac	count details	of AU					
The uni	versi	tv bank acc	ount ((Mas	hreq Bank, [Dubai Branc	ch - Riga. Acc	count No. 0	493141592)		
The uni				AD and IBAN		•		100111002)		
		Swiit Code:	DOWLACE	AD AND IDAN	NO. AE 170	33000001048	93 14 1392.)			
To cancel your I	Room	Reservatio	n, you hav	e to inform t	he hostel of	fice for cano	elling your	reservation	within 15	
days of the rese	rvatio	on date; othe	erwise, yo	u will lose yo	ur deposit.					
The accommoda	ation 1	iees cover t	he period	from the star	t to the end	of the semes	ster, as spe	cified in the	university	
academic calen	dar. S	Students wil	I not be ac	Imitted to the	Student Re	esidence dur	ring holiday	s unless it is	proven	
that a student ha	as an	academic r	equiremer	nt to stay in t	he residenc	e. In this eve	ent, charges	s will be calc	ulated on	
daily basis acco	rding	to the type	of accomi	modation as	per the univ	ersity's hous	sing regula	tions.		
Should you hav	e an	y questions	s or requi	re more info	ormation, p	lease do no	t hesitate	to contact /	AU Studer	
Housing office a			-		-	. <u>ae</u> .				
Or contact with	Fema	le Hostel by	phone:	971 (6) 7056	049					
I confirm that I am e	liaibl	o to apply fo	or a place	in AUST For	nala Studar	nt Posidonos	and Loom	mit to condu	ot mysolf i	
accordance with the	_			III AOOT TEI	naie Studei	it riesidence	and recin	iiii to condu	ot mysem i	
		<u> </u>								
Student's Name:							Date:			
Guardian's Name (for new students only)						Date:				
Housing Employee's Name and Signature:						Date:				
		-								
tached: — Rules of occupancy	,									
Permission form										

Required documents:

- Passport copy of student and guardian
 - 4 pictures
- Copy of medical checkup report