



AU Male Student Residence

Accommodation Application For Reservation

Servation Number:								
1. Full Name:	6. Academic Program:							
2. Student ID/ Client #:	7. Years: 20 /20 Semester:							
3. Nationality:	8. Marital Status: Single () Married ()							
4. Passport #:	9. Date of Birth:							
5. Students' Email Address:	10. Student Mobile #:							
uardian Information:								
Guardian Name:	Mobile #:							
Country/City:	Home Phone #							
Address:	work Phone #:							
Email Address:	Fax #:							
edical Conditions: - Do you have any pre-existing medical conditions that the Un Yes No If yes, please provide more details:	iversity should be aware of?							
- A medical examination is required for all students in AU students	lent Residence.							
- Please provide some information about your special interest	s or hobbies that may assist the University with your room							
- Non Ajman university students please indicate the name of t	he institution you are currently enrolled with:							
efore accepting, please take time to review the attached Rules o								

- The housing administration has the right to transfer any student during the period of residence from one room to another, in the absence of student consent, to charge the student will pay all related charges.
- 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 student's belongings if the student has been absent from the hostel for a period of one month.

Accommodation Acceptance Offer

I wish to confirm acceptan	ice of the acc	commodation	n place in the	e AU Male	Student Res	idence, as	outlined off	er below		
for the: () Fall () Spring () Summer semester of the year:										
Туре	Single Room		Twin bed Room (A)		Twin bed Room (B)		3 Bed Room			
	Fall/Spring	Summer	Fall/Spring	Summer	Fall/Spring	Summer	Fall/Spring	Summer		
AU Male Students	8,950	3,450	4,950	1,750	4,200	1,500	3,800	1,400		
First choice										
Second choice										
My intended date and tin	ne of arrival is	s:								
Date:										
Roommate Name: 1										
Financial Commitment:										
To confirm your accordance	ommodation	offer please	complete th	e Above A	cceptance a	nd return	it to the AU	Student		
Housing office with payment for the AED 1000 refundable insurance Deposit (for new student only, paid once) plus										
a prepayment of 1000 AED as a part of housing fees payment as financial commitment to securing your place.										
The applicant can pay at the financial administration office in AU or on-line by using the AU line payment or can										
deposit any amount u	sing the follo	wing accour	nt details of A	AU.						
The university bank account ((Mashreq Bank, Dubai Branch- Riqa, Account No. 0493141592)										
Swift Code: BOMLAEAD and IBAN No. AE170330000010493141592.)										
To cancel your Room	Reservation.	vou have to	inform the h	ostel office	for cancelling	na vour res	servation wit	hin 15		
 To cancel your Room Reservation, you have to inform the hostel office for cancelling your reservation within 15 days of the reservation date; otherwise, you will lose your deposit. 										
• The accommodation fees cover the period from the start to the end of the semester, as specified in the university										
academic calendar. Students will not be admitted to university accommodation during vacations unless it is proven that a student has an academic requirement to stay in university housing. In this event, charges will be										
calculated on a daily		-	-		-		· -	iii be		
Should you have any questions or require more information, please do not hesitate to contact the AU Student										
Housing office by phone: +971 (6) 7056466 or via email <u>a.hassan@ajman.ac.ae</u>										
Or contact with Male	Hostel by pho	one: +971 (6) 7418820.							
I can confirm that I am el	igible to apply	v for a place	and I am pr	epared to c	onduct myse	elf in acco	rdance with	the rules		
of occupancy.		, , ,	·		•					
Student Name:						Date:				
Guardian Name (for new s	students only)				Date:				
Housing Employee Name	_									
	and orginatur					_ 4.0				
Attached: — Rules of occupancy										
Required documents:										
 Passport copy of student a 	nd guardian									

4 pictures

Copy of medical Check report