

ADU Housing Eligibility: to be considered for ADU student housing, students must be registered at ADU and have arranged for the payment of their housing fees in full. No installments are allowed. Room assignment and placement priority is the responsibility of Student Support Office and there is no guarantee that a resident will retain the same room from term to term. The Student Support Office has the right to terminate the contract if the student is not enrolled in any course during the semester/term. All application requirements are requested, incomplete application will not be accepted.

Complete all the data in the space provided in this form and submit to Student Office to apply for a place in the Student Housing. Receipt of payment in full must be attached to this form. Rooms will only be reserved once payment has been made. In the event that the Residence is fully-booked at the time of your application and a space cannot be provided, you will be notified immediately and any payment made will be refunded.

Requirements: 1/ One passport size photo. 2/ Copy of Applicant's ID 3/ Copy of Parent's/Guardian's ID

Submission of this application **DOES NOT GUARANTEE** placement in the Residences.

Date of Application

DD MM YYYY

Gender:

Male

Female

Occupancy requested for: YEAR

Term: Fall

Winter

Spring

Summer

Student ID:

Mobile Phone Number:

First Name:

Last Name:

Upload a passport size photo of applicant here

Student's Email Address: _____

Date of Birth:

Nationality: _____

Program Level:

Undergraduate (UG)

Postgraduate (PG)

General English/IELTS

Program Enrolled In	Colleague		
	<input type="checkbox"/> COBA	<input type="checkbox"/> CoE	<input type="checkbox"/> CoL
	<input type="checkbox"/> CAS	<input type="checkbox"/> ELI	<input type="checkbox"/> Other: _____

Preferred Room (Check selection below)

Private

Semi Private

Double

Double-Shared

Preferred Roommate (if applying for shared or double room)

Student's Name: _____

Student ID: _____

Parent / Guardian Contact Information

First Name: _____

Last Name: _____

Relationship: _____

Address: _____

Parent's/Guardian's Telephone Number Office (Mobile): _____ Home: _____

Office: _____ Parent's Email: _____

*Does the student have medical conditions that ADU should be aware of? YES NO

If YES, please indicate: _____

*Does the student take any medication? YES NO. If YES, please indicate

*Does the student have any allergies? YES NO. If YES, please indicate

- I hereby certify that the statements and information provided are true and correct to the best of my knowledge.

Student's Signature: _____

Date: _____

Parent's Signature: _____



Date: _____

<u>ADU Students Residence Accommodation Fees</u>		
<u>Abu Dhabi Campus</u>		
Type of Residence	Term	Fees (UAED)
Private Single Occupancy with Private Bath and Kitchen	Fall or Spring	12,500
	Winter or Summer	3,800
	Daily Room Fee	130
Semi-Private Single Occupancy with Shared Bath and Kitchen	Fall or Spring	9,200
	Winter or Summer	2,800
	Daily Room Fee	100
Double Occupancy with Bath and Kitchen	Fall or Spring	6,700
	Winter or Summer	2,000
	Daily Room Fee	70
Double Shared Occupancy with Shared Bath and Kitchen	Fall or Spring	5,400
	Winter or Summer	1,700
	Daily Room Fee	55

*Kindly note that daily fees will apply according to ADU Fee Policy

Housing Policy Agreement Form	PRO-SS-001-04	Page: 1/1
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Date: _____

I, _____, with Student ID number _____ hereby certify
student's name
 that I have read and understood all the policies and agreements included in the Student Housing Application package. Therefore, I understand that failure to adhere to any of the rules and conditions stated therein, particularly on the set Curfew, will subject me to disciplinary action as stated in the Student Housing Policy. I understand as well that the University has the right to suspend / cancel my housing contract should I fail to abide by any of the said rules. It is my responsibility to request a copy of Student Housing Policies and Agreements before signing the application forms.

Signed by:

 Signature of Student



For Student's Parents / Guardian

I am aware of the rules and regulations as stated in the Student Housing Policy and Agreements and I confirm that my son/daughter read and understood all the rules stated therein. I am willing to be contacted by the University authority and cooperate with them should my son/daughter refuse to comply with any of the terms stated in the Application Package.

Name: _____ Father Mother Guardian (state relationship) _____

Student's ID: _____ Student's Signature: _____

Contact Number: _____ Parent's/Guardian's Signature: _____



For Student Support Office Only

Data verified by:

Date:

Employee Signature:

Student Medical History Form	PRO-SS-001-05	Page: 1/2
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This is a mandatory form and must be submitted to the Student Support Office before being assigned student housing. All immunizations should be current. If you have any special conditions, you are requested to submit an attached medical form signed by your physician.

The student and her/his parents or guardian are fully responsible in ensuring that all the required information on this form is correct. In case of false or misleading information the university assumes no responsibility and the Student Support Office has the right to terminate the student housing contract.

Date of Application:

Term/Year: _____ / _____


Student Name:	Student ID:
Date of Birth:	Gender: Male Female
Nationality:	Phone Number:
Preferred Hospital:	Blood Type:

Student Medical History

Kindly indicate if you have any of the following illnesses or conditions. List any medications you are currently taking for the condition.

Blood Pressure Problems Medications:	Yes	No	Asthma: Medications:	Yes	No
Back or Bone Problems: Medications:	Yes	No	Malaria: Medications:	Yes	No
Heart Problems: Medications:	Yes	No	Vision Disorder: Medications:	Yes	No

Student Medical History Form	PRO-SS-001-05	Page: 2/2
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Diabetes: Medications:	Yes	No	Stomach or Gastric Problems: Medications:	Yes	No
Hearing Problems: If yes, please describe::	Yes	No	Epilepsy/ Seizure: Medications:	Yes	No
Migraine/Headache: Medications:	Yes	No	Bleeding Disorder: Medications:	Yes	No
Anemia: Medications:	Yes	No	Dizziness/Fainting Disorder: Medications:	Yes	No
Neurological Problems: Medications:	Yes	No	Have you had Chickenpox? If yes, when?	Yes	No
Psychological Problems: Medications:	Yes	No	Are you allergic to any kind of food If yes , please list:	Yes	No
Kidney Problems: Medications:	Yes	No	Are you allergic to any medications? If yes, please list:	Yes	No
Hepatitis: Medications:	Yes	No	Do you have any other allergies? If yes, please list:	Yes	No
Are you seeking long term treatment for a medical condition? If yes, please indicate:	Yes	No	Did you suffer from a head injury? If yes, please indicate:	Yes	No
Do you suffer from any physical limitation? If yes, please indicate:	Yes	No	Do you suffer from any other illness or disability? If yes, please indicate:	Yes	No
Are you current with the listed immunizations? Dt, Pollo - MMR – Hep. A – Hep. B – Meningitis – Varicell (Chickenpox) If no, please clarify:	Yes	No	Do you have a medical insurance? If No, please note that you will be responsible of any medical treatment cost.	Yes	No
Have you had any surgeries? If yes, please indicate which and when?	Yes	No	By signing this form, you are confirming that all the provided information is true and completed to the best of your knowledge.	Agree	Disagree
Student's Name: Student's Signature:			Parent's Name: Parent's Signature:		

This information is confidential and will only be viewed by the following authorized ADU personnel: Chairman, Provost, Chancellor, Vice Chancellor, Student Affairs Director, Student Support Office Manager and ADU Housing Officers.

Emergency Contact Information Form	PRO-SS-001-10	Page: 1/2
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Student Name: _____

Student ID: _____

Date: _____

Parent Contact Information



Father

First Name: _____

Last Name: _____

Address: _____

City/Country: _____

Occupation: _____

Father's Telephone Number (mobile): _____ Home: _____

Office: _____

Father's Email: _____

Mother

First Name: _____

Last Name: _____

Address: _____

City/Country: _____

Occupation: _____

Mother's Telephone Number (mobile): _____ Home: _____

Office: _____

Mother's Email: _____

Emergency Contact Information Form	PRO-SS-001-10	Page: 2/2
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Emergency Contact Information

Emergency Contact Information # 1

First Name:

Last Name:

Relationship: _____

Address: _____

City/Country: _____

Occupation: _____

Telephone Number (mobile): _____

Home: _____

Office: _____

Email: _____

Emergency Contact Information # 2

First Name:

Last Name:

Relationship : _____

Address: _____

City/Country: _____

Occupation: _____

Telephone Number (mobile): _____

Home: _____

Office: _____

Email: _____

Parent's/ Guardian's Name: _____

Signature: _____



For Student Support Office Only

Verified by:

Date:

Employee Signature: