

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:

Upload a passport size photo of applicant here

Last Name:

Student's Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Institute/University Enrolled in:

**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: \_\_\_\_\_

<b><u>NON ADU</u> Students Residence Accommodation Fees</b>		
<b><u>Abu Dhabi Campus</u></b>		
<b>Type of Residence</b>	<b>Term</b>	<b>Fees (UAED)</b>
<b>Private</b> Single Occupancy with Private Bath and Kitchen	<b>Fall or Spring</b>	<b>14,250</b>
	<b>Winter or Summer</b>	<b>4,300</b>
	Daily Room Fee	<b>180</b>
<b>Double</b> Occupancy with Bath and Kitchen	<b>Fall or Spring</b>	<b>7,600</b>
	<b>Winter or Summer</b>	<b>2,300</b>
	Daily Room Fee	<b>100</b>

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

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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:

<b>Student Medical History Form</b>	<b>PRO-SS-001-05</b>	<b>Page: 1/2</b>
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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

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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	<b>By signing this form, you are confirming that all the provided information is true and completed to the best of your knowledge.</b>	<b>Agree</b>	<b>Disagree</b>
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.

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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: \_\_\_\_\_

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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: