



**Office of Faculty and Student Services,
Housing & Residence Life**

(ID # to be filled out by Branch Campus/Center)

BRANCH CAMPUS ID #: _____

**Glue 1
passport
photo here.**

Do not staple.

**HOUSING APPLICATION FORM
NEW RESIDENTS**

CONTACT DETAILS			
Name (last/family, first, middle): _____			
Permanent Address: _____		Mailing Address: <input type="checkbox"/> Same as permanent address	
Family Contact Address: _____		Additional Family Contact Address: _____	
Are you a resident of Qatar? <input type="checkbox"/> Yes <input type="checkbox"/> No		Citizenship: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: ___/___/___ (DD/MM/YYYY)		Marital Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married	
Telephone (residence): +() _____		Telephone (mobile): +() _____	
Email address(es): _____			
UNIVERSITY INFORMATION			
Branch Campus/Center: _____		Major: _____	
Academic Standing:	<input type="checkbox"/> Freshman - Completion of 0-29 credit hours <input type="checkbox"/> Junior - Completion of 60-89 credit hours <input type="checkbox"/> Sophomore - Completion of 30-59 credit hours <input type="checkbox"/> Senior - Completion of 90 + credit hours		
EMERGENCY CONTACTS			
1. Contact Name (print full name): _____			
Relationship to the student: _____		Email Address(es): _____	
Address: _____		Telephone & Mobile Numbers: _____	
2. Contact Name (print full name): _____			
Relationship to the student: _____		Email Address(es): _____	
Address: _____		Telephone & Mobile Numbers: _____	
MEDICAL CONDITIONS & ALLERGIES			
Do you have a medical condition or allergy(ies) that you would like to share with Housing & Residence Life staff? (This information will be kept confidential. We request this for use in the event of an emergency).		<input type="checkbox"/> No <input type="checkbox"/> Yes. If so, please describe here: _____	
Some Branch Campuses require students to have up-to-date immunizations and proof of insurance.		If this is required by your Branch Campus: Are your immunization records turned in: <input type="checkbox"/> Yes <input type="checkbox"/> No Is your proof of insurance turned in: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CURFEW & GUARDIANS(TO BE COMPLETED BY FEMALE STUDENTS ONLY)			
Note: If selected, parents must attach a letter which outlines parental expectations regarding curfew hours. If violations occur, QF will report this to the parents in order for parents to take appropriate action with their daughter.			
<input type="checkbox"/> No curfew required	<input type="checkbox"/> Curfew Required: Student is permitted to work in her campus lab/classroom on projects until 11PM. Student is not permitted to leave Education City after this time.		<input type="checkbox"/> Strict curfew applied. The student is not permitted to leave the residence hall after curfew indicated in attached letter.
Guardian's name: _____			Date: _____
Guardian's signature: _____		Attach a copy of the guardian's passport or government ID which shows the following: picture, name, and signature.	

ROOMMATE MATCHING FORM

Please complete the attached Roommate Matching Form and return with the Housing Application.

**CHECK LIST FOR COMPLETION OF THE HOUSING APPLICATION PROCESS
(AN INCOMPLETE APPLICATION MAY JEOPORDIZE THE POSSIBLIY OF RECEIVING HOUSING)**

<p><input type="checkbox"/> Damage Deposit: <u>Payment Option to Qatar National Bank*:</u> *Wire Transfer *Certified Check (Cash is NOT accepted) *Make sure to list the following: The student's name, indication of what money is for: Housing Application, Damage Deposit. Payable to Qatar Foundation.</p>	<p><u>QAR 2000 is enclosed:</u> QR Account Number: 0013-035555-001 USD Account Number: 0013-035555-061 SWIFT CODE: QNBAQAQA Account Name: Qatar Foundation</p>
---	---

<p><input type="checkbox"/> Reservation Fee. (Non-refundable): <u>Payment Option to Qatar National Bank*:</u> *Wire Transfer *Certified Check (Cash is NOT accepted) *Make sure to list the following: The student's name, indication of what money is for: Housing Application, Reservation Fee. Payable to Qatar Foundation. <u>Students are required to pay the balance of QAR 6000 due prior to move-in.</u></p>	<p><u>QAR 1000 is enclosed:</u> QR Account Number: 0013-035555-001 USD Account Number: 0013-035555-061 SWIFT CODE: QNBAQAQA Account Name: Qatar Foundation *You may combine the payment in one so long as both expenses are itemized on the transaction.</p>
---	---

A passport photo of the student glued to the front of this application.

Attach a copy of the student passport (which shows picture, name, and signature).

Attach a copy of the guardian's passport or government ID (which shows picture, name, and signature).

By signing below I acknowledge that I have read and agree to the complete terms and conditions of the Qatar Foundation Housing Agreement 2008-2009.

Student Applicant's Name (printed):

Signature:	Date:
------------	-------

<p>Once your application is complete and you have attached all the required documents, please return it to your university or center directly. Do not send it to the department of Housing & Residence Life.</p>	<p>Please only return one (1) application form otherwise you may be charged 2000QR for each application.</p>
---	--

BELOW THIS AREA: BRANCH CAMPUS/CENTER USE ONLY

Branch Campus Authorized name:

Branch Campus Authorized Signature:

Student's assigned email address:	Student ID #(also put on pg. 1, top):
-----------------------------------	---------------------------------------

<input type="checkbox"/> Housing Application and Roommate Matching form completely filled out?	<input type="checkbox"/> Yes <input type="checkbox"/> No – If not, please get these from the student before proceeding.
--	---

<input type="checkbox"/> Damage Deposit received? (QAR 2000)	<input type="checkbox"/> Yes <input type="checkbox"/> No – If not, please get this from the student before proceeding
--	---

<input type="checkbox"/> Reservation Fee received? (QAR 1000)	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, please get this from the student before proceeding
---	---

<input type="checkbox"/> Accommodation Fee received? (QAR 6000 – balance of accommodation fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, has student been notified by Branch Campus the balance is due prior to move in? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<input type="checkbox"/> Application complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No – If not, please get this from the student before proceeding
--	---

<input type="checkbox"/> Immunization Records received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – If required by the Branch Campus, please notify student this must be turned in for completion of housing application.
---	---

<input type="checkbox"/> Proof of Insurance received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – If required by the Branch Campus, please notify student this must be turned in for completion of housing application.
---	---

<input type="checkbox"/> Application complete: ___/___/___ (DD/MM/YYYY)	<input type="checkbox"/> Sent to QF Housing & Residence Life: ___/___/___
---	---

QF HOUSING & RESIDENCE LIFE USE ONLY

Application Received by (print name):	Date: ___/___/___
---------------------------------------	-------------------

Application is: Complete Incomplete

Incomplete. If incomplete, send back to branch campus/Center: Yes No **Date Sent back:** ___/___/___