**UNIVERSITY OF CAPE COAST**

**GUSSS HOSTEL COMPLEX**

**APPLICATION FORM 2016/2017**

The UCC GUSSS Hostel has various types of rooms with various facilities. Each room has single bed(s), wardrobe, table(s) and towel rack. Toilet, shower, and kitchenette. The Hostel is situated in a prime area on campus and has many additional facilities such as stand-by generator, a salon, a barbering shop and four (4) other provisional shops, DSTV etc.

Interested parties should read the following and apply as appropriate.

**Eligibility and notes**

1. Only registered students of University of Cape Coast are eligible to apply.
2. Occupancy is for the regular semester for the year specified. Students are to vacate rooms at the end of each semester.
3. The Hostel reserves the right to refuse tenancy to any applicant.
4. Monies paid are not refundable.
5. A copy of the payment slip together with the completed application form should be submitted to Room No. DF 4, Directorate of Finance at Central Administration, Old site

I, …………………………………………………………………………………………, wish to apply for a bed space in the GUSSS Hostel Complex. I prefer a bed in *(tick as appropriate)*

 GH₡

1. Two in one shared room with bathroom, toilet and kitchenette and balcony 2,500.00
2. Three in one shared room with bathroom, toilet and kitchenette and balcony 1,600.00
3. Four in one shared room with bathroom, toilet and kitchenette and balcony 1, 200.00

Registration no.: …………………………………… E-mail Address: …………………………………………………………….

Signature: ……………………… Telephone Number: ……………………………… Date: ………………………….

Person to contact in case of Emergency……………………………………………………………. Tel. no. …………………………

**NOTE:**

**MONIES SHOULD BE PAID INTO UCC GUSSS ACCOUNT NO. 0201900140059 – PRUDENTIAL BANK.**

**DEADLINE FOR PAYMENT – 30TH JUNE, 2016**

**UNIVERSITY OF CAPE COAST**

**GUSSS HOSTEL COMPLEX**

STUDENT’S APPLICATION FORM

1. ***PERSONAL DATA***

NAME ……………………………………………………………………………………………………………….

***(IN FULL, SURNAME FIRST)***

DATE OF BIRTH ……………………………………………………………. GENDER ………………………….

 ***(DD/MM/YYYY)***

HOME TOWN/PLACE OF BIRTH …………………………………………………………………………………

REGION ………………………………………………………….. PLACE OF RESIDENCE ……………………..

OCCUPATION ……………………………………. E-MAIL ADDRESS ………………………………………….

TELEPHONE NUMBER(S) …………………………………………………………………………………………..

HOME ADDRESS …………………………………………………………………………………………………...

PHYSICAL DISABILITY OR CHALLENGE *(IF ANY)*.……………………………………………………………

***B. FAMILY DATA***

NAME OF PARENTS/GUARDIANS/NEXT-OF-KIN ……………………………………………………………….

TELEPHONE NUMBER(S) ………………………………………. E-MAIL ADDRESS …………………………

CONTACT ADDRESS………………………………………………………………………………………………..

1. ***UNIVERSITY DATA***

PROGRAMME OF STUDY ……………………………. YEAR OF COMMENCEMENT………………………

REGISTRATION NUMBER………………………….... COLLEGE……………………………………………….

FACULTY/SCHOOL………………………………………….. DEPT…………………………………

STUDENT’S SIGNATURE…………………………………...DATE…………………………………………………

DECLARATION: I TESTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE

NAME …………………………………………………………………… SIGNATURE…………………………..

DATE………………………

**FOR OFFICE USE ONLY**

RECEIVED BY…………………………………………….DATE…………………. AMOUNT PAID GH₡