

In Case of Eemergency, please contact: Name: Telephone No.:	E-mail address: 1. 2.
--	--

B. ACKNOWLEDGEMENT

I hereby acknowledgement that all the **information given are true** and I also undertsand and will abide to all university student residential procedures and rules.

I realize that if any of the **information given are false** and did not comply to the said procedure is circulation, **the university's entitled to take any appropriate action to me.**

Applicant's Signature: _____

Date: _____

C. FOR RESIDENTIAL HALL OFFICE USE:

APPROVE <input type="checkbox"/>	REJECT <input type="checkbox"/>
DURATION TO STAY : _____ (check in date)	
: _____(check out date)	
ROOM NO. : _____	
PAYMENT RECEIPT NO. : _____	
OFFICER'S SIGNATURE :	
NAME :	
POSITION :	
DATE :	

latest edited:nhaza_nov/2013