



## STUDENT RESIDENCE APPLICATION FORM

***Please read these notes carefully before filling the Application Form:***

1. Admission into an academic programme does not automatically imply occupation of USJ student residence. Application for the Student Residence should be made to the Hall Administration Team via [Residence@usj.edu.mo](mailto:Residence@usj.edu.mo) prior to the application deadlines as specified.
2. Late applications will NOT be considered unless vacancy is available. Due to limited capacity, there is no guarantee that accommodation in the Student Residence can be provided to all applicants. Applicants who do not receive an offer will be placed on a waiting list and may receive an offer any time during the same academic year, should place be available.
3. All applicants will receive, by email, a reply from the Hall Management Team on or prior to the Deadline for Release of Application Results. Successful applicants are required to accept the offer and pay the full Residence fee for the Semester concerned before the deadline as specified. Note that confirmation of acceptance is defined by a combination of the following two actions:
  - 3.1 Payment of the fees in full (Please refer to Residence Fee Payment Policy (For Students) clause nº 4);
  - 3.2 Reply to the Hall Management indicating acceptance.
4. Failure to confirm acceptance within the time period will imply forfeiture of the offer.
5. The following documents must be read carefully. Please make sure that you agree and accept all the terms as stipulated in these documents:
  - USJ Regulations & Rules Governing Student Residence
  - USJ Student Residence Fee Payment Policy
  - USJ Student Residence Fees – Academic Year 2018/2019
6. **Use of Personal Data:** Personal Information collected from applicants will be used for admission procedures and related matters only, and kept as resident records for administrative purposes.

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**This Application Form must be forwarded by email, or hand delivered to:**

**Central Services Office – Residence Unit**

**University of Saint Joseph**

**Estrada Marginal da Ilha Verde, 14-17, Macau, China**

**Telephone: +853 85925600**

**Email: [Residence@usj.edu.mo](mailto:Residence@usj.edu.mo)**



For your application to be processed, **ALL** sections must be completed. Please write in **clear BLOCK** letters only.

PERSONAL DETAILS	
<b>APPLICANT'S INFORMATION</b>	
First Name:	
Last Name:	
D.O.B (DD/MM/YYYY):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality:	Passport No/BIR.:
Home Address:	
Phone: (+ )	Email:
USJ Email (if any):	USJ Student No. (if any):
<b>EMERGENCY CONTACT</b>	
Name:	Relationship:
Telephone: (+ )	Mobile: (+ )
Email:	Postal Address:
<b>PARENT'S/GUARDIAN'S/SPONSOR'S INFORMATION (if applicable)</b>	
Name:	Relationship:
Telephone: (+ )	Mobile: (+ )
Email:	Postal Address:

STUDIES AT USJ:	
Type of Student:	International Student <input type="checkbox"/> Local Student <input type="checkbox"/> Exchange Student <input type="checkbox"/>
Programme Type:	Post-graduate <input type="checkbox"/> Bachelor <input type="checkbox"/> Pre-University <input type="checkbox"/>
Programme Name:	
Year of Studies:	Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Others <input type="checkbox"/> Please Specify:



PERIOD OF STAY
Fall Semester Only <input type="checkbox"/> Spring Semester Only <input type="checkbox"/> Fall Semester and Spring Semester <input type="checkbox"/>
Do you intend to extend the stay to Summer: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate the month(s) residence is requested:      June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/>
Expected Check-in Date (DD/MM/YYYY): Expected Check-out Date (DD/MM/YYYY): <i>* For check-in prior to or check-out beyond the Residential Period, additional rental charge is applicable should room be available.</i>

TYPE OF ROOM REQUESTED
<i>Please list your preferences 1, 2 and 3, with 1 as your top preference. While every attempt will be made to place applicants as per their preference, this may not always be possible.</i>
( ) Single Room ( ) Double Studio Apartment ( ) Double Studio Apartment with Single Occupancy

ADDITIONAL DETAILS/REQUEST
<i>Please complete this section if you would like to disclose further information that will help us to place you in the most suitable accommodation available. Consideration is given, where possible, to students with disabilities. If you have requested a Double Studio Apartment, you may also use this section to name a person(s) with whom you wish to share; the person(s) must also write your name on their application form. However, there is no guarantee that you will be placed with the person(s) you have entered on your form. Married couple will be considered.</i>
<i>Referring to clause nº 4 of the Residence Fee Payment Policy (For Student), if you face cash flow difficulty* and would like to request Payment by Instalment, please put a tick below. Should your application be successful, you will be provided with a payment schedule upon acceptance.</i> <i>*Only applicable to those residents who apply for the stay at the University Residence for a semester or above.</i>
<input type="checkbox"/> I would like to request Payment by Instalment to settle the residence fee.



## DECLARATION

Please ensure that you complete the following section in full before signing and making the application.

- I have read the important notes as stipulated in this Application Form.
- I have read the **“Residence Fees (For Students) – Academic Year 2018/2019”** and agree with the fees set forth in the document.
- I have read the **“Residence Fee Payment Policy (For Students)”** and should my application be successful, I agree to pay all requisite fees at the time specified.
- I have read the **“Regulations & Rules Governing Student Residence of University of Saint Joseph”** and should my application be successful, I agree to abide by all the stipulated rules and regulations of the University’s Residential Hall.
- I declare that the information I have given on this form is correct and complete to the best of my knowledge.
- I agree that my contact details may be passed on to relevant departments/services within the University of Saint Joseph.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

TENANCY INFORMATION		PAYMENT DETAILS	
Room Assigned:		Deposit Paid:	
Tenancy Period:		Rental Paid:	
Rental Charged:		Sign & Date	
CHECK-IN DETAILS:		CHECK-OUT DETAILS	
Check-in Date:		Check-out Date:	
Sign & Date		Sign & Date	
Remarks:		Remarks:	