

NELSON MANDELA UNIVERSITY

Department of Student Housing
Off-Campus Housing and Vacation Office
Tel: +27 41 504 4736/2921
Email: offcampus.accommodation@nmmu.ac.za

APPLICATION FOR ACCREDITED OFFCAMPUS ACCOMMODATION CURRENTLY ACADEMICALLY REGISTERED/ SENIOR STUDENTS 2018

Student Number:	
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<p>Academic Activities</p> <p>Qualification you are currently registered for..... (e.g.: Degree – Bcom: Marketing)</p> <p>Academic level of study 2018 (first year, senior, B Tech, Honours, Masters or Ph.D).....</p> <p>Sponsored <input type="checkbox"/> Self Paying <input type="checkbox"/> State Name of Sponsor</p> <p>(student to provide letters of sponsorship)</p>
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<p>Personal details</p> <p>Title..... Initials..... Surname..... First name(s) in full.....</p> <p>Date of birth..... Age..... Passport/Identity No..... Marital status.....</p> <p>Nationality..... Student Accredited Residential Address for your year of study in 2017(not home address)</p> <p>Telephone numbers: Home..... cell.....</p> <p>Other..... e-mail.....</p> <p>Home language..... Other Information.....</p>
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<p>Population Group (information required by the Department of Tertiary Higher Education and Training)</p> <p><input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Other</p> <p>If other, please specify.....</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p>

<p>Accommodation options (http://ocho.mandela.ac.za)</p> <p>Option 1..... Option 2.....</p> <p>Option 3..... Would you share with other cultures? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please indicate details below if you would like to share accommodation with another student</p> <p>Student number..... Surname..... First name(s) in full.....</p> <p>Student number..... Surname..... First name(s) in full.....</p>
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UNDERTAKING BY PROSPECTIVE RESIDENT STUDENT

NB: It is a prerequisite for admissions to University-Accredited Premises that this section be completed in full, signed by the applicant **AND** his/her parent/guardian and witnesses.

I, the undersigned prospective student
(Name in block capitals please)

have noted the contents of the General Regulations for Accredited Off Campus Housing of the Nelson Mandela Metropolitan University of which the following in particular have been brought to my attention:

1. Upon my admission to the accommodation I am expected to accept responsibility for the property of the UNIVERSITY or ACCOMMODATION SERVICE PROVIDER in accordance with the Registrar's/Landlord/Agents instructions.
 2. The keeping and use of liquor in residences and public spaces of such residence is prohibited.
 3. All off campus accommodation is smoke free and is strictly prohibited.
 4. The possession of drugs is strictly prohibited.
 5. The possession of fire-arms or dangerous weapons is strictly prohibited.
 6. Students who have paid deposits and confirmed accommodation with the Office will not be allowed to cancel the booked accommodation for the duration of one semester. If a student cancels an application for admission after accommodation has been secured, the full deposit and rental will be forfeited.
 7. Should the Off Campus Housing Office not receive the student's application form prior to arrival, the student shall be held liable for a R500 location fee to source accommodation. This will be charged to your student account.
 8. NO STUDENT WILL BE ADMITTED TO OFF CAMPUS ACCOMMODATION WITHOUT THE FOLLOWING PAYMENT:
- 8.1 **DEGREE SEEKING STUDENTS:**
PAYMENT OF THE REFUNDABLE DAMAGES DEPOSIT OF R2000 WITHIN FIVE (5) WORKING DAYS OF ACCEPTANCE OF OFFER AND FIRST TERM RENTAL (THIRD TERM IF ARRIVING DURING THE SECOND SEMESTER) PRIOR TO REGISTRATION (DATE TO BE ADVISED IN PLACEMENT LETTER)
- 8.2 **NSFAS FUNDED STUDENTS:**
PAYMENT OF THE REFUNDABLE DAMAGES DEPOSIT OF R500 WITHIN FIVE (5) WORKING DAYS OF ACCEPTANCE OF OFFER.

ALL STUDENTS MUST OBTAIN FINANCIAL CLEARANCE FROM THE FINANCE DEPARTMENT.

EMERGENCY OPERATION

The Nelson Mandela Metropolitan University is hereby authorized to act on my behalf in any case where, on medical advice, an emergency operation is considered to be necessary. The Director of Student Housing (SA students) or Director: OfIE (all International or Study Abroad students) in consultation with the Registrar shall exercise this authority.

REGULATIONS AND RULES FOR RESIDENT STUDENTS

Before taking up residence I shall inform myself of all the Rules and Regulations laid down by the University in respect of Residences. I undertake to be bound by these regulations and any that may be formulated in the future. I further undertake to accept the authority of the present officials in the residences.

NB: Due to limited space, please note that this application does not confirm your choice or placement.

SIGNATURE OF APPLICANT:.....

Dates at.....on this.....day of.....20.....

SIGNATURE OF PARENT OR GUARDIAN IF THE PROSPECTIVE STUDENT IS UNDER THE AGE OF 21 YEARS:

NAME OF PARENT / GUARDIAN:

SIGNATURE OF TWO WITNESSES:

Witness 1..... Witness 2.....

I hereby acknowledge that I have read, understand and accept the terms and obligations provided for above as well as the residence behavioural guidelines attached.

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Signature of Student Signature of Parent/Guardian (required if student is under 18)

Signature of University Designee.....Date.....