



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

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

**University/Center CAMPUS ID #:** \_\_\_\_\_

**Glue 1  
passport  
photo here.**

**Do not staple.**

**HOUSING APPLICATION FORM  
FOR NEW RESIDENTS**

CONTACT DETAILS	
Name (last/family, first, middle): _____	
Permanent Address: _____	Mailing Address: <input type="checkbox"/> Same as permanent address
Family Contact Address: _____	I would like to apply for: <input type="checkbox"/> Fall semester _____ (year) <input type="checkbox"/> Spring semester _____ (year) <input type="checkbox"/> Fall & Spring semesters <input type="checkbox"/> I am an exchange student
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 (family contact #): +( ) _____	Telephone (mobile): +( ) _____
Email address(es): _____	
UNIVERSITY INFORMATION	
University/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	
<b>1. Contact Name (print full name):</b> _____	
Relationship to the student: _____	Email Address(es): _____
Address: _____	Telephone & Mobile Numbers: _____
<b>2. Contact Name (print full name):</b> _____	
Relationship to the student: _____	Email Address(es): _____
Address: _____	Telephone & Mobile Numbers: _____
MEDICAL CONDITIONS & ALLERGIES	
<b>Do you have a medical condition or allergy(ies) that you would like to share with Housing &amp; Residence Life staff?</b> (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: _____
<b>Some Branch Campuses require students to have up-to-date immunizations and proof of insurance.</b>	If this is required by your Branch Campus: Are your immunization records turned in: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is your proof of insurance turned in: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
CURFEW & GUARDIANS	
<b>Note:</b> Students studying at a branch campus or center often have academic obligations, such as participating in study groups and doing research in a library, which may require them to work into the evening at locations within Education City. The curfew we can offer is between 11:00 p.m. and 6:00 a.m. Housing and Residence Life can only track entry to and exit from the residence halls. If your student violates her curfew time, that information will be sent to you in a monthly report via email.	
<input type="checkbox"/> No curfew required	<input type="checkbox"/> Curfew Required
Guardian's name: _____	Guardian's email: _____ Date: _____
Guardian's signature: _____	Attach a copy of the guardian's passport or government ID which shows the following: picture, name, and signature.

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

<input type="checkbox"/> <b>Damage Deposit:</b> Payment Option to Qatar National Bank*: *Wire Transfer *Certified Check (Cash is <b>NOT</b> accepted) <b>*Make sure to list the following: The student's name, indication of what money is for: Housing Application, Damage Deposit. Payable to Qatar Foundation.</b>		<b>QAR 2000 is enclosed:</b> QR Account Number: 0013-035555-001 USD Account Number: 0013-035555-061 SWIFT CODE: QNBAQAQA Account Name: Qatar Foundation	
<input type="checkbox"/> <b>Reservation Fee. (Non-refundable):</b> Payment Option to Qatar National Bank*: *Wire Transfer *Certified Check (Cash is <b>NOT</b> accepted)  <b>*Make sure to list the following: The student's name, indication of what money is for: Housing Application, Reservation Fee. Payable to Qatar Foundation.</b> <b>Students are required to pay the balance of QAR 6000 due prior to move-in.</b>		<b>QAR 1000 is enclosed:</b> QR Account Number: 0013-035555-001 USD Account Number: 0013-035555-061 SWIFT CODE: QNBAQAQA Account Name: Qatar Foundation  <b>*You may combine the payment in one so long as both expenses are itemized on the transaction.</b>	
<input type="checkbox"/> <b>A passport photo of the student glued to the front of this application.</b>			
<input type="checkbox"/> <b>Attach a copy of the student's passport</b> (which shows picture, name, and signature).			
<input type="checkbox"/> <b>Attach a copy of the guardian's passport or government ID</b> (which shows picture, name, and signature).			
<b>By signing below I acknowledge that I have read and agree to the complete terms and conditions of the Qatar Foundation Housing Agreement 2009-2010.</b>			
Student Applicant's Name (printed):			
Student Signature:		Date:	
<b>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 &amp; Residence Life.</b>		Please only return one (1) application form otherwise you may be charged 2000QR for each application.	
<b>BELOW THIS AREA: BRANCH CAMPUS/CENTER USE ONLY</b>			
University/ center Authorized Signature:			
<b>Checklist before returning to Housing &amp; Residence Life</b>			
<input type="checkbox"/> <b>Housing Application and Roommate Matching form completely filled out?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No – If not, please get these from the student before proceeding.	
<input type="checkbox"/> <b>Damage Deposit received?</b> (QAR 2000)		<input type="checkbox"/> Yes <input type="checkbox"/> No – If not, please get this from the student before proceeding	
<input type="checkbox"/> <b>Reservation Fee received?</b> (QAR 1000)		<input type="checkbox"/> Yes <input type="checkbox"/> No If not, please get this from the student before proceeding	
<input type="checkbox"/> <b>Accommodation Fee received?</b> (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"/> <b>Immunization Records received?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – If required	
<input type="checkbox"/> <b>Proof of Insurance received?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – If required	
<input type="checkbox"/> <b>Application complete:</b> ___/___/___ (DD/MM/YYYY)		<input type="checkbox"/> <b>Sent to QF Housing &amp; Residence Life:</b> ___/___/___	
<b>QF HOUSING &amp; RESIDENCE LIFE USE ONLY</b>			
Application Received by (print name):			Date: ___/___/___
<b>Application is:</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete			
<input type="checkbox"/> Incomplete. If incomplete, send back to branch campus/Center: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date Sent back:</b> ___/___/___			

## **Roommate Preference Information:**

Please mark options that best describe you.

**I prefer to study in:**     A quiet room                       A room with a bit of noise                       The library

**Do you like listening to music while studying:**             Yes                       No

**My room is:**     A sanctuary                       A place to entertain friends

**The word that describes my room:**  Neat     Cluttered

**I feel my room should be cleaned by both roommates:**

On a regular basis – once a week                       Once every couple of weeks when you can tell it's dirty

**I prefer a roommate who is:**             More of an extrovert (less shy, more inclined to be in social groups)

More of an introvert (more shy, less inclined to be in social groups)

**I prefer:**  Quiet music                       Loud music                       No preference

**Type of music:**     Alternative     Rock     Salsa     Country     Arabic     Indian     All types

**I consider myself a:**     Morning Person                       Night Person

**I prefer to go to bed at:**            (State time)            School days:                      PM/AM

Weekends:                      PM/AM

**Please indicate hobbies and interests (if they are important to you in a roommate):**

**What is most important to you about having a roommate?**

**ROOMMATE PREFERENCE** – If you and a friend have decided you would like to live together, you must BOTH INDICATE THE OTHER'S NAME ON THIS FORM.

**PREFERRED ROOMMATE:**

Name of friend I would like to live with:

Friend's Branch Campus/Center:

They are a:     New Student                       Continuing Student