Haigazian University – Dormitory Application





Section	1: Pers	onal details			
Last Name:			Middle Name:		
First Name:			Date of Birth:	: 1 1	
Gender:	Male	Female		Day Month Year	
Address:	(Building):				
	(Floor):				
	(Apartment Number):				
	(Street):				
	(City):				
	(Country):				
Nationality: (If available)					
Daytime Telephone N°: Mobile phone N°:					
Personal E-mail address:					
Section	2: Eme	rgency Cont	act information		
	г				
Name and family name:			Relationshi	p:	
E-mail Address:			Daytime Te	elephone N°:	
Address:			Mobile pho	ne N°:	
Do you have a specify.	any medical i	issues, disabilities,	or allergies which we sho	ould be aware of? If yes, please	

Section 3: For Haigazian Applicants only
Student ID Number: COVID-19 Vaccination: Dose 1 Dose 2 Semester Applying for: Fall Spring Summer
Duration: Full semester Full Summer Session Other: From / / to / /
Room Type: Single Double Triple
Major:
Class: Freshman Sophomore Junior Senior Graduate
Haigazian E-mail Address:
Preferred roommates:
Section 4: For Non-Haigazian Applicants only
Choose the duration of stay:
Monthly Daily Daily
From: Day Month Year Till: Day Month Year
Room Type: Single Double COVID-19 Vaccination: Dose 1 Dose 2
Preferred roommates:
Any additional comments/information you would like us to know or consider?
Date: / / Resident Signature
FOR ADMINISTRATIVE USE
Decision: (Accepted / Rejected) Due Date: / /
If accepted, payment mode USD LBP
Date: / /
Signature:
Dormitory Head Resident Student life Office Billing Office