Tel: 22340601/22213835/36/46/47

Fax: 22340000
e-mail: admissions@nul.ls
www.nul.ls

NATIONAL UNIVERSITY OF LESOTHO

Student No:_____

Surname: _____

STUDENT WELFARE DEPARTMENT

APPLICATION FOR ACCOMMODATION

Attach passport size Photo

APPLICANT'S SURNAME: _____

OTHER NAMES: _____

Gender: Male ☐ Female ☐

Nationality: _____

Permit /Passport No: _____

Cell Number (Student) _____

ACADEMIC INFORMATION

Year Study	1	2	3	4	5	6	7
Grade (OWM where applicable)							

Faculty: _____

Programme: _____

Mode of Payment: Sponsored/ Self-Sponsored:

_____

Residential address of Parent/Guardian (in case of emergencies):

_____

Place of work of Parent/Guardian:

CONTACT NUMBERS:

Office: _____Home: _____

Cell Number (Parent/Guardian):_____

SPECIAL NEEDS:

(Please specify e.g. physical, visual, audio etc):

(This form should be returned to the Student Affairs Department not later than June 15th for new students and June 30th for returning students)

Thank you.