

NATIONAL UNIVERSITY OF LESOTHO

Student No: _____

Surname: _____



Tel: 22340601/22213835/36/46

Fax: 22340000



STUDENT WELFARE DEPARTMENT

APPLICATION FOR ACCOMMODATION

Attach
passport
size
Photo

APPLICANT'S SURNAME: _____

OTHER NAMES: _____

Sex: 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.