

The Chinese University of Hong Kong
 Application for Residence in Shaw College Student Hostels
 [For 2009/2010 Year One Students]

For Office Use Only
Application No.
Photo / USID / S code / R code
Fl.Area / Evidence
of People / NLREvid / D code

(Please complete the form in Block Letters)

Name : (Chinese) _____

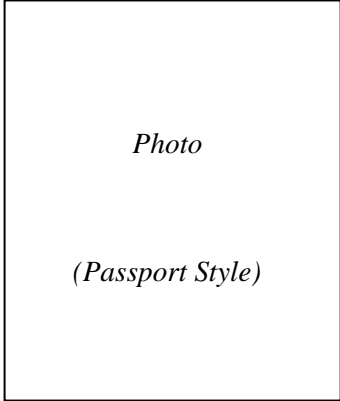
(English) _____ (surname) _____ (given-names)

Sex : *Male / Female

Student ID: 0 9 | | | | 4 |

Major: _____

Year of studies: 1



Applicant's Full Residential Address (for local students) / Permanent Address (for Non-local students):

_____ Tel.: _____

Contact Tel./Pager: _____ E-mail address : _____

Please follow the instructions stated in Code Sheet

- | | |
|--|----------|
| | Code |
| A. Special Quota | S _____ |
| B. Type of residency | R _____ |
| C. Number of people living in the same flat: _____ *please do not include domestic helper* | |
| Total floor area (實用面積) : _____ sq. feet (1sq.m. = 10.764sq.ft.) | |
| (Official document should be submitted as evidence) | |

Name of members** living together

Name	Age	Relationship	Name	Age	Relationship

** Evidence of residential address should be provided for each non-linear relative (非直系親屬) living with the applicant.

D. District of residency (4-digit district code) |D| _____ |
 Please state the name of district if you cannot find it in the code sheet _____

* Delete as appropriate

Name of Parent(s): (Father) Mr. _____
Contact Tel. _____ (day) _____ (night)
(Mother) *Mrs./Ms. _____
Contact Tel. _____ (day) _____ (night)

Parent's Residential Address:

If the applicant is not living with parent(s), please state since when and give the reason(s) and also provide the name of the person with whom the applicant is living at present.

Date since not living with parents: _____
Reason(s): _____

Name of the person with whom the applicant is living with :(*Mr./Mrs./Miss) _____
Contact Tel.: _____ (day) _____ (night)

Other details to support your application (*use separate sheet if necessary*)

(Medical reason(s) must have recommendation from University Health Centre.)

* Delete as appropriate

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To: Residence Selection Sub-committee, Shaw College

**I have declared that the information provided above is accurate and authentic and will provide any related document for verification as requested. I also understand and agree that the information shall only be used in relation to my application for hostel accommodation and kept confidential by Shaw College.**

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_