UUM/SAC/04

OFF- CAMPUS ACCOMMODATION APPLICATION FORM

Student Accommodation Centre
Universiti Utara Malaysia
06010 UUM Sintok, Kedah Darulaman

APPLICANT DETAILS (*Please complete in BLOCK letters*)

Full Name			
Matrik No		**IC / Passport No.**	
Current DPP			
Programme			
Gender	☐ **Male** ☐ **Female**	**Semester**	
Nationality		**Contact No.**	
Email Address		**Maritial status**	
Permanent Address			
Off-Campus Address			
Name and address of contact person in case of emergencies	**Name:**		
	Address:		

I hereby, confirm that all information given is complete and correct, thus Student Accommodation Centre Management reserves a right to reject my application if the information given incomplete.

Student's Signature: …… Date: ……..

FATHER/MOTHER/HUSBAND/WIFE

Name : …….
Contact No.: …….
Relationship : ……

I hereby declare that the information given above is true.

…….
( )
Signature

I hereby approved/ not approved the application for staying off-campus

…….
AHMAD MUJAHID BIN ABD GHANI
DIRECTOR
Student Accommodation Centre (SAC)
Student Affairs Department
Universiti Utara Malaysia