



Receipt No.

**(3) Additional Information**

Note: Please enter any other relevant personal information (such as history of illness, etc.) here, not in item (4) Reason for Application.

**(4) Reason for Application**

Note: Information provided in the “Reason for Application” section will be provided to the Women’s Dormitory Resident Association for use in the interview process.

I hereby certify that the information provided in this application is true and correct.

If any false information is found in my submitted documents after my application has been accepted, and my permission to reside in the dormitory is revoked, I agree to move out of the dormitory promptly by the designated deadline.

Applicant’s signature: \_\_\_\_\_

Date: \_\_\_\_\_