



GARISSA UNIVERSITY
HOSTEL DEPARTMENT

TO BE FILLED BY NON-RESIDENTS IN CAPITAL LETTERS IN FOUR COPIES

STUDENT DETAILS:

Name.....Gender.....ID No.....

Phone No.....Admission No.....Email Address.....

Year of Study (i.e. I, II, III, IV).....Semester (i.e. 1, 2).....

LANDLORD DETAILS:

Name Of Landlord.....ID No.....Tel No.....

Contact address.....Area/Estate.....Landlord signature.....

DECLARATION

I will not require to be accommodated by Garissa University College Halls of residence while pursuing my course because I have an alternative accommodation .I understand that it is an offense to stay in the Hostel while I am a Non- Resident.

STUDENT SIGNATUREDATE.....

WITNESS BY:

1. PARENT/GURDIAN

NAME..... ID/NO..... TEL NO.....

Comment by Parent/Guardian.....Signature.....

2. STUDENT WITNESS (MUST BE A RESIDENT IN THE UNIVERSITY HOSTEL)

Name.....ID No.....Reg/No.....

Hostel.....Room-No.....Signature.....Date.....

FOR OFFICIAL USE ONLY.

1 .HOSTEL OFFICER

The student has been cleared from hostel room/has not been allocated a room in the hostel

Academic year.....Signature.....Date.....Rubber stamp:

2 .DEAN OF STUDENTS

The request is approved /not approved

Signature.....Date.....Rubber Stamp:

Cc: Student Finance office
Deans Office
Hostel Office