**HOUSING APPLICATION FORM**

\* The most appropriate match will be tried to arrange for you according to your preferences.

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| --- |
| First Name :  |
| Family Name : |
| Place of Birth :  | Date of Birth: / /  | Sex: [ ]  M [ ]  F |
| Citizenship/Nationality :  | Student ID Number:  |
| Home University/Department :   |
| Current Address :   |
| Telephone:  | E-mail:  |
| Person(s) to contact in case of emergency (Name; address; phone including area code; relationship to applicant) :   |
| Any Disability/Special Needs:  |
| Did you have any allergic or infectious illness (describe)?:  |
| Do you smoke: [ ]  Yes [ ]  No  |
| Which gender should be your flat-mate: [ ]  Male [ ]  Female [ ]  Does not matter |
| Special dietary:   |
| How many people do you want to share the flat with: If you want to share your flat with your friend(s), please specify :  |
| Do you want to share your room [ ]  Yes, it doesn’t matter [ ]  No, I prefer privacy [ ]  Yes (please specify) |

|  |  |
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| **Mailing****Address** | Anadolu University, Office for International Affairs, Student Center, 26470, Eskisehir/TURKEY |
| Telephone: **+90 222 335 05 80** External: 44761 Direct:**+90 222 330 74 37**Fax: **+90 222 330 74 37** E-mail: **uib@anadolu.edu.tr** |

\* This accommodation will be your permanent place!