



THE AMERICAN UNIVERSITY OF IRAQ SULAIMANI

Housing Application Form 2020-2021

Please print clearly (*Spell your name exactly as it appears on your official AUIS records*)

AUIS ID: _____

PERSONAL INFORMATION

Full name: _____

Citizenship: _____

Gender: F _____ M _____

Date of Birth: ____ / ____ / ____

Mobile Number: _____

AUIS Email: _____

Permanent Home Address: _____

EMERGENCY CONTACT INFORMATION

Full name (parent or guardian): _____

Relationship to student: _____

Mobile Number: _____

Email: _____

CLASS

APP level:

Undergraduate (UG) Semester:

Other:

Summer course (UG only):

Term A (June)

Term B (August)

other (circle one)

STAFF ONLY

Date and time of submission: _____ Staff signature: _____



Housing options:

All apartments are located inside the AUIS campus and consist of three types of apartments:

A. Private:

- One Bedroom, single occupancy
- Includes single bed, study/living room, bathroom

B. Standard:

- Two bedrooms, double occupancy (total four people)
- Includes two beds per room, study/living room, two bathrooms and kitchenette

C. Economy:

- Three bedrooms, double occupancy (total six people)
- Includes two beds per room, study/living room, two bathrooms and kitchenette

Apartment options:

What type of apartment would you prefer? Please rank your preference from 1-3.

___Private (single person)

___Standard (four persons)

___Economy (six persons)

Roommate selection:

If you have selected a non-single apartment and you would like to request specific roommates, please add their names here:

1. _____ 4. _____

2. _____ 5. _____

3. _____

Please note that we will do our best to meet your requests, however, due to space constraints we cannot guarantee that you will be assigned your first choice nor can we guarantee your chosen roommate selection. Decisions will be made on a first-come, first-served basis.

Please note: AUIS requires a \$300 deposit for all residents to be returned at the end of their stay, barring any damage and/or loss of keys.

STAFF ONLY

Date and time of submission: _____ Staff signature: _____



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Housing medical letter

Full name:

Date: / /

AUIS ID:

Blood group:

Past Medical History

| Medical issue | Yes | No | | Medical issue | Yes | No |
|-----------------------------------|-----|----|--|---------------------------|-----|----|
| High blood pressure | | | | Asthma | | |
| Any heart problem | | | | Bronchitis | | |
| Stroke | | | | Kidney disease | | |
| Cancer | | | | Liver disease | | |
| Lung disease | | | | Allergic | | |
| Seizures | | | | Receiving any medication | | |
| Diabetes | | | | Do you smoke | | |
| Low blood sugar | | | | Other (please specify it) | | |
| Coronavirus disease (COVID-19) | | | | | | |

If you tick yes for any of the above field please explain the situation and medication you are taking here:

Have you ever undergone surgery? If so, please describe the reason and the operation:

**Please be aware that this medical report will be used only in case of emergency in hospital
and all information is kept strictly confidential by housing staff.**

STAFF ONLY

Date and time of submission: _____ **Staff signature:** _____



Housing policy Agreement

By signing this agreement, I confirm that I understand the AUIS Student Housing Policy and I will be responsible for any breach of this agreement.

Student Full Name: _____ AUIS ID: _____

Student Signature: _____

Date: _____

Staff Full Name: _____ Position: _____

Staff Signature: _____

Date: _____

STAFF ONLY

Date and time of submission: _____ Staff signature: _____