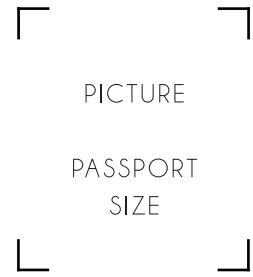


CENTRE UNIVERSITAIRE PROTESTANT
RÉSIDENTE POUR ÉTUDIANTS



APPLICATION REQUEST

STUDENT Attach a copy of your ID or passport

LAST NAME	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	CIVIL STATUS
FIRST NAME	DATE OF BIRTH		
CURRENT ADDRESS	NATIONALITY		
COUNTRY ZIP CODE CITY			
E-MAIL			
PHONE NUMBER +	CELL +		

ACADEMIC SITUATION

☐ UNPAID INTERN

☐ STUDENT: ENROLLED AT THE UNIVERSITY OF GENEVA OR EQUIVALENT INSTITUTES

REGISTRATION NUMBER (OR DATE OF REQUEST)

FACULTY, INSTITUTE OR ORGANIZATION

DEGREE TO BE OBTAINED

MONTHLY INCOME AMOUNT: CHF

BACHELOR ☐

MASTER ☐

DOCTORATE ☐

WORK ☐

SOURCES ☐

FAMILY ☐

SCHOLARSHIP ☐

PARENTS SITUATION

FATHER'S NAME	MOTHER'S NAME
OCCUPATION	OCCUPATION
NATIONALITY	NATIONALITY
CURRENT ADDRESS	CURRENT ADDRESS
PHONE NUMBER	PHONE NUMBER
E-MAIL	E-MAIL

LENGTH OF STAY WISHED

FROM	TO
DAY/MONTH/YEAR	DAY/MONTH/YEAR

DO NOT FORGET TO FILL THE SECOND PAGE

QUESTIONS

1. WHAT DO YOU IMAGE AS THE BOTH CONSTRAINTS AND ENRICHMENTS OF LIVING IN A SHARED APARTMENT?
HAVE YOU EVER HAD FLAT-MATES?

2. DO YOU HAVE SOCIAL, CULTURAL OR OTHER ACTIVITIES OUTSIDE OF YOUR STUDIES?
IF SO WHICH ONES?

3. WOULD YOU LIKE TO ADD SOMETHING?

DECLARATION AND ENGAGEMENT

I AM AWARE THAT INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED.
I DECLARE THAT ALL THE ABOVE INFORMATION IS COMPLETE AND TRUE.
IN ADDITION, I COMMIT TO REPORT IMMEDIATELY AND IN A WRITTEN FORM, ANY CHANGE
IN MY ACADEMIC OR FINANCIAL SITUATION.

DATE AND PLACE

SIGNATURE

DAY/MONTH/YEAR