



ROS GEAL UNIVERSITY RESIDENCE

APPLICATION FORM

Please complete this form and return to:

The Secretary
Ros Geal University Residence
19 University Road
Galway
Ireland

Photograph

Tel: 091 524524
rosgeal@eircom.net
www.rosgeal.net

SURNAME:

CHRISTIAN NAME(S):

HOME ADDRESS:

TEL: MOBILE:	DATE OF BIRTH:
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NATIONALITY:	RELIGION:
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ANY RELEVANT MEDICAL CONDITION:

EDUCATION (Schools attended, with dates):

HOBBIES OR LEISURE ACTIVITIES:

CLUBS, ORGANISATIONS, SOCIETIES OF WHICH YOU ARE AN ACTIVE MEMBER (Mention offices held):

FUTURE STUDY

PROPOSED UNIVERSITY COURSE:

COLLEGE:

REASONS FOR CHOOSING A RESIDENCE:

NAMES OF TWO REFEREES (one of which should be the Head of your school):

SIGNATURE OF APPLICANT:

TO BE COMPLETED BY PARENT OR GUARDIAN

Name (Dr./Mr./Mrs./Miss):

Occupation:

Tel. of parent/guardian:

I have read the website of the Residence. I accept all the regulations of the Residence and agree to the application of my daughter / ward.

Signature

Date.....