

STUDENT ACCOMMODATION



Application Form

HELP Residence Management Office Photo			
No 28 Jalan Damansara, Damansara Heights, Kuala Lumpur 50490, Malaysia.			(1 copy)
Tel: 00-603-2095 3943/ 3932 /1111 Fax: 00-603-20953937 Email: residence@help.edu.my 1x1 inch http://www.help.edu.my/students/accommodation 1x1 inch 1x1 inch			
Please ensure all details are filled	I in. Student No		
Check-in Date: Date: (Date) - (Month)	(Year) Length of Stay	Days / Months	
Name in IC/Passport:			
IC/Passport No: Date of Birth: (dd/mm/yy) Sex: M F			
Address:		State/	
		Country:	
Post Code	Home		
Mobile	Fax	< No	
Email			
Course/Program		Religion	
Name of Parent/		Deletienetrin	
Guardian		Relationship	
Mobile	Home	Tel	
Do you have any medical condition	that would have a bearing on	your accommodation requiremen	ts?
Please indicate your choice of accommodation (choose ONE only)			
Type of Accommodation	HELP Residence	Batai Hostel	
	-		
Type of Room	Twin Sharing		Room Type
L	Single*		Room Type
* Limited number available. Students are suggested to apply for a place in the wait list.			
 I fully understand and agree to comply with all the terms and conditions of stay, the student accommodation rules and regulations, and the laws of Malaysia. I have reviewed the rules and regulations of the student accommodation with the full understanding that these are not all-inclusive, but I acknowledge that they do represent a certain minimum standard of conduct that is expected of me. I fully understand that failure to comply with any of the terms and conditions of stay/house rules may result in my eviction from the student accommodation and/or charges being laid against me by the HELP Disciplinary Board or law enforcement agencies. I formally discharge and release HELP University from any liability for injury or loss of possessions due to my or my guests and visitors' neglect. 			
Signature of Applicant:		Date:	
Cash/Cheque/Money Order/TT :		Amount:	
For Applicants Aged Below 21			
I,fully understand and agree to comply with all the conditions of stay.			
Signature of Parent/Guardian:		Date:	
For Office Use Only			
Date Received :		Payment reeived details	
Room Assigned :		Cash/Cheque/Money Order/TT:	
Resident No :		Amount:	

Doc 1 HELP Student Accommodation Applic Form (v1_2012).xls07/08/2012