

**FEDERAL SCHOOL OF OCCUPATIONAL THERAPY
OSHODI, LAGOS**



STUDENTS' AFFAIRS UNIT

HOSTEL APPLICATION FORM



PART A

PLEASE COMPLETE LEGIBLY IN BLOCK LETTERS

1. Full Name _____
Surname First name other name

2. Matric. Number: _____

3 Present year of Study/Level: _____

4. Date of Birth: _____ Age: _____ Sex: _____

5. Place of Birth: _____

6. State of Origin: _____ LGA _____

7. Religion: _____

8. Residential Address: _____

City _____ LGA _____ State _____

9. Email Address: _____

10. Telephone Number: _____

PART B

i) Name of next of kin: _____

Address: _____

Telephone Number: _____

ii) Name and Address of guardian (if any): _____

Telephone Number: _____

PART C

FOR OFFICIAL USE

Recommendation by Students' Affairs Officer _____

Name: _____ Signature & Date: _____

Approved by Registrar _____

Name: _____ Signature & Date: _____

Hostel Allocation:

Hostel Male Female Room No: _____

Amount Paid: _____ Receipt No.: _____

Students' Affairs Officer (signature & date)

Hostel Allocation:

Hostel Male Female Room No: _____

Amount Paid: _____ Receipt No.: _____

Students' Affairs Officer (signature & date)