



PALAU COMMUNITY COLLEGE

Housing Application

Please complete this application and return it to Student Life Office. Incomplete applications will cause a delay in processing. All applications will be considered based on the date on which the completed application is received.

Please Print or Type:

Semester & Year Applying For: Fall _____ Spring _____ Summer _____

Name: _____ Gender: () Male () Female
Last First Middle

Mailing Address: _____
P.O. Box State Zip Code Phone No E-mail

Birth date: ____/____/____ Student Status: () New () Returning () Continuing
Mo. Day Yr.

Nationality: () Palauan () Yapese () Chuukese () Kosraean () Marshallese
() Other: _____
Specify

I understand that this is only an application and does not guarantee College Housing accommodation. If offered a housing contract, the term is for the academic year.

APPLICANT'S SIGNATURE _____ DATE _____

The Office of Student Life will notify you of receipt of your application. If you do not receive this notification within two weeks from the date of submission, contact the Student Life.

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The applicant wishes to reside at the College Housing, please provide the following information:

Financial Aid Office

Is the student eligible for financial aid assistance?

() Yes () No

Director, Admissions & FA Date

Business Office

Applicant's outstanding balance: \$ _____

Student Account Supervisor Date

* * * * *

() Approved Will move in on: _____ () Disapproved: _____
Reason for Disapproval

Director, Student Life Date

Return Completed Application to:

Student Life Office, Miich Bldg.
PO Box 09 Koror, Palau 96940
E-mail: hildan@palau.edu