**HOUSING APPLICATION FORM**

\* The most appropriate match will be tried to arrange for you according to your preferences.

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| --- | --- | --- | --- |
| First Name : | | | |
| Family Name : | | | |
| Place of Birth : | Date of Birth: / / | | Sex:  M  F |
| Citizenship/Nationality : | | Student ID Number: | |
| Home University/Department : | | | |
| Current Address : | | | |
| Telephone: | | E-mail: | |
| Person(s) to contact in case of emergency (Name; address; phone including area code; relationship to applicant) : | | | |
| Any Disability/Special Needs: | | | |
| Did you have any allergic or infectious illness (describe)?: | | | |
| Do you smoke:  Yes  No | | | |
| Which gender should be your flat-mate:  Male  Female  Does not matter | | | |
| Special dietary: | | | |
| How many people do you want to share the flat with:  If you want to share your flat with your friend(s), please specify : | | | |
| Do you want to share your room  Yes, it doesn’t matter  No, I prefer privacy  Yes (please specify) | | | |

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| **Mailing**  **Address** | Anadolu University, Office for International Affairs, Student Center, 26470, Eskisehir/TÜRKİYE |
| Telephone: **+90 222 335 05 80** External: 44761 Direct:**+90 222 330 74 37** Fax: **+90 222 330 74 37** E-mail: **uib@anadolu.edu.tr** |

\* This accommodation will be your permanent place!