



AMERICAN UNIVERSITY OF IRAQ SULAIMANI

Housing Application Form 2015-2016

Please print clearly (*Spell your name exactly as it appears on your official AUIS records*)

AUIS ID: _____

PERSONAL INFORMATION

Full name: _____

Citizenship: _____

Gender: F ___ M ___ Date of Birth: ___ / ___ / ___

Home Tel.: _____ Mobile: _____

Email: _____

Permanent Home Address: _____

EMERGENCY CONTACT INFORMATION

Full name (parent or guardian): _____

Relationship to student: _____

Home Tel.: _____ Mobile: _____

Email: _____

Home Address: _____

CLASS

APP: 1 2 3 4 (circle one)

Undergraduate (UG) Semester: 1 2 3 4 5 6 7 8 other (circle one)

Summer course (UG only): Term A (June) Term B (August) other (circle one)

STAFF ONLY

Date and time of submission: _____ Staff signature: _____



AMERICAN UNIVERSITY OF IRAQ SULAIMANI

Housing options:

All apartments are located inside the AUIS campus and consist of three types of apartments:

A. Private:

- One Bedroom, single occupancy
- Cost: \$300 per month
- Includes single bed, study/living room, bathroom

B. Standard:

- Two bedrooms, double occupancy (total four people)
- Cost: \$180 per month
- Includes two beds per room, study/living room, two bathrooms and kitchenette

C. Economy:

- Three bedrooms, double occupancy (total six people)
- Cost: \$150 per month
- Includes two beds per room, study/living room, two bathrooms and kitchenette

Apartment options:

What type of apartment would you prefer? Please rank your preference from 1-3.

___ Private (single person)

___ Standard (four persons)

___ Economy (six persons)

Roommate selection:

If you have selected a non-single apartment and you would like to request specific roommates, please add their names here:

1. _____ 4. _____

2. _____ 5. _____

3. _____

Please note that we will do our best to meet your requests, however, due to space constraints we cannot guarantee that you will be assigned your first choice nor can we guarantee your chosen roommate selection. Decisions will be made on a first-come, first-served basis.

STAFF ONLY

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Housing medical letter (2015- 2016)

Full name:

Date: / /

AUIS ID:

Blood group:

Past Medical History

Medical issue	Yes	No		Medical issue	Yes	No
High blood pressure				Asthma		
Any heart problem				Bronchitis		
Stroke				Kidney disease		
Cancer				Liver disease		
Lung disease				Allergic		
Seizures				Receiving any medication		
Diabetes				Do you smoke		
Low blood sugar				Other (please specify it)		

If you tick yes for any of the above field please explain the situation and medication you are taking here:

Have you ever undergone surgery? If so, please describe the reason and the operation:

Please be aware that this medical report will be used only in case of emergency in hospital and all information is kept strictly confidential by housing staff.

STAFF ONLY

Date and time of submission: _____ Staff signature: _____