



JAMAICA THEOLOGICAL SEMINARY

Student Residential Programme (SRP)

APPLICATION TO RESIDE ON CAMPUS

KINDLY COMPLETE AND RETURN TO THE DEPARTMENT OF STUDENTAFFAIRS. NB: Applications are processed and given priority on a first come first served basis, applicants distance from Campus and specific needs for Campus housing.

RESIDENTS ARE REMINDED THAT ACCOMMODATION IS OFFERED FOR **ONE YEAR ONLY**. STUDENTS NEED TO RE-APPLY FOR CONSIDERATION FOR THE NEW ACADEMIC YEAR.

Name: (Block Letters) _____
Christian name Middle Surname

Date of Birth: D: _____ M: _____ Y: _____ Male Female

Age: _____ Telephone (H) _____ (C) _____

Nationality _____ Martial Status _____

Home Address: _____

Mailing Address: _____
(If Different From Home)

Email Address: _____

Programme: _____ Year 1 2 3 4 5 _____

Denomination: _____

Allergies: _____

Diagnosed illness (e.g. Asthmatic, hypertensive, Diabetes, Sickle Cell etc)

Name of Parent/ Guardian/ Spouse/ Next of Kin: _____

Relationship: _____

Address: _____

Telephone #: _____

(In case of emergency)

Do you have Health Insurance: Yes No

If Yes, Please state the Insurance Provider and Expiry date of the policy:

(Student must submit a photo copy of current Health Card)

NB: Students are not accepted into the SRP unless they have a current health insurance policy; please speak with personnel in the Human Resources Department if you are interested in joining the Seminary's Group Health Policy

Co-curricular Activities and Interest: _____

Have you been a Student Resident before? Yes No Room # _____ Academic yr. _____

Signature: _____ Date: _____

THIS FORM WILL NOT BE PROCESSED UNTIL THE REVERSE SIDE IS COMPLETED

ROOM MATE ASSESSMENT

Please circle the most appropriate response or write responses in the spaces provided. An additional sheet of paper may also be used.

1. What genres of music do you appreciate? Reggae Pop Soul Calypso
Gospel Other _____
2. Do you enjoy listening to music when it is played at a: Very loud volume
Using headphones Very low volume Other _____
3. When do you study best : Early Morning Evening Late at night
Other _____
4. Do you study best when there is: Minimal noise Total silence Loud noises
Other _____
5. You sleep best when the lights are: Turned off Turned on Does not matter
6. Do you consider yourself a conversationalist? Yes No
Other _____
7. Are you able to accommodate a room mate who is **very** socially active and returns to the room at varying hours: Yes No
Other _____
8. Are you able to accommodate a room mate who is very quiet?
Yes No Other _____
9. What time of day do you have your personal devotions: _____
10. General Comments: (if there are any personal concerns that you would like to communicate)

OFFICIAL USE

Date Form Received: _____

Approved: Yes No

Room Assigned: _____ Authorized by _____

Signature _____

Additional Comments: