

# INSTITUTE OF SOCIAL WORK

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## STUDENT'S ACCOMMODATION APPLICATION FORM

Students who are interested to acquire accommodation in the Hostel of the Institute of Social Work should complete this form and return to the Dean of Students' Office.

- Surname \_\_\_\_\_ First name \_\_\_\_\_  
Other names \_\_\_\_\_ Sex: Male ( ) Female ( )  
Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Region \_\_\_\_\_  
District \_\_\_\_\_ Home Address \_\_\_\_\_  
Personal Mobile No. \_\_\_\_\_ Parents/Guardian Mobile No. \_\_\_\_\_
- Registration Number \_\_\_\_\_ (for registered only)
- Program/Course \_\_\_\_\_ Year of study/Level: Certificate ( )  
Diploma: 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) Bachelor: 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) Postgraduate ( ) Master ( )
- Course Session: Morning/A session ( ) Evening/B session ( )
- Course Status: Continuing/Postponed/Discontinued/Carry Forward Module
- Do you have any Disability? Yes/No:  
Type of Disability \_\_\_\_\_
- Are you currently staying in the Hostel - Yes/No:
- Sponsorship: Private ( ) Government ( ) Agent Name \_\_\_\_\_
- Emergency Contacts (during sickness, accident, etc):  
In an emergency, I hereby grant the ISW to contact the following persons on my behalf:-  
Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

