



All details must be completed or application cannot be processed. PLEASE PRINT.

Email your completed application to ask@csu.edu.au

Are you currently an enrolled student or staff member at Charles Sturt University?

YES NO

PERSONAL DETAILS

CSU Student/ Staff ID Number

Title MR / MRS / MS / MISS / OTHER _____

Surname

Given name(s)

Date of Birth _____ / _____ / _____ Are you under 18? Yes No

Address

Contact Phone Other Contact Phone

Email address

COURSE DETAILS

Course Name

APPLICATION DETAILS

Which Charles Sturt University campus do you require accommodation at?

Albury-Wodonga Bathurst Dubbo Orange Wagga Wagga Port Macquarie

Is this application for O Week accommodation?

Yes No

Note O Week accommodation offers a fully catered option only. The Orientation Tariff covers your O week meals and accommodation.

Which meals option do you require for your stay?

- Self-Catered Option Catered Option

Note fully catered option is only available at Bathurst and Wagga Wagga campuses. For more information regarding food options available at your selected campus, visit accommodation.csu.edu.au/meals-catering

What are the required dates of stay?

Arrival Date _____ / _____ / _____

Departure Date _____ / _____ / _____
 All rooms must be vacated by 9am on the Departure Date

What is the reason for your stay? For example - Placement, out of session Res School, visiting PhD student, holiday accommodation or other reason - please provide details below

SPECIAL CONSIDERATIONS

Do you have a disability that needs to be considered during the room allocation process of this application?

- YES NO
 If yes, please include details

Is there any other issue you wish to identify in support of your application for accommodation?

- YES NO
 If yes, please include details

APPLICANT'S DECLARATION

In submitting this application, I undertake that if I am successful in obtaining a room I will meet all financial and administrative commitments as part of this application. I am aware that I will forfeit this room if I do not meet these requirements.

I acknowledge I have accessed the [Residential Agreement](#) and undertake to abide by the House Rules within it, should I be accepted in the Halls of Residences.

Signature _____ Date: _____ / _____ / _____

Please email your completed application to ask@csu.edu.au or fax to (02) 6338 6599

Office Use ONLY	Building Number: _____ Room Number: _____ MOVE IN DATE: _____ / _____ / _____
ROOM ALLOCATION:	
RUAF / RUIT:	Chg'd/Sheet NO: _____ Paid: YES / NO