

Accommodation request form

HOST UNIT OR COURSE:

Ms Mr

Last name: First name:

Nationality:

Adress:
.....

Phone number:

Email:

Researcher Student - level of higher education :

• **Date of arrival:** / / **Date of departure:** / /

• **Accommodation choice:**

☐ Individual room

☐ 1 person studio

☐ 2 persons studio

Accompanying identity:

.....

• **Source of financial support during stay:**

☐ grant

☐ salary

☐ financial support family

Monthly amount: €

I hereby declare that I have read the terms and conditions for accommodation at the CIUP and acknowledge that:

- Arrival is not possible on Sundays and public holidays,
- the length of my stay is limited to 1 year,
- my reservation will be valid after approval by CIUP.

Date: / /

Signature:

Selection Committee Decision

Accepted

Waiting list

No availability

Rejected

Period from: to

Date:

Signature: