



## APPLY FOR A PLACE IN A DORMITORY

The room is needed from: ..... until: ..... Room request: .....

Preferred date and time for moving in: .....

### Applicant's personal data:

Family name: .....	First name: .....	Sex: .....
Date of birth: .....	Nationality: .....	
Street, No.: .....	Postal code, city: .....	
Phone number: .....	e-mail: .....	

### Reason for staying:

.....
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### Parents (Guardian):

Name: .....
Address (in case of divergence): .....
Phone number: ..... e-mail: .....

### Who bears the costs:

Name: .....
Address (in case of divergence): .....

I ensure that I have given all information to the best of my knowledge. I confirm that I have read and understood the home and payment regulations, accept them and will comply with the specifications. Furthermore, I undertake to report any changes to this information immediately in writing. I am informed that the contract will be concluded for the period specified above and that moving into Kolpinghaus Graz will not result in a tenancy.

I have read and accepted the data security declaration. I am aware that I can request data information by e-mail or telephone at any time.

.....  
Place and date

.....  
Signature of applicant

.....  
Signature of cost bearer

To be filled in by the Kolpinghaus

Deb-Nr: .....

A/K: .....

Einzug: .....

Auszug: .....