



# ROS GEAL UNIVERSITY RESIDENCE

## APPLICATION FORM

Please complete this form and return to:

The Secretary  
Ros Geal University Residence  
19 University Road  
Galway  
Ireland

Photograph

Tel: 091 524524

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SURNAME:

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CHRISTIAN NAME(S):

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HOME ADDRESS:

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TEL:

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DATE OF BIRTH:

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NATIONALITY:

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RELIGION:

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EDUCATION (Schools attended, with dates):

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HOBBIES OR LEISURE ACTIVITIES:

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CLUBS, ORGANISATIONS, SOCIETIES OF WHICH YOU ARE AN ACTIVE MEMBER (Mention offices held):

## FUTURE STUDY

PROPOSED UNIVERSITY COURSE:

COLLEGE:

REASONS FOR CHOOSING A RESIDENCE:

NAMES OF TWO REFEREES (one of which should be the Head of your school):

SIGNATURE OF APPLICANT:

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### ***TO BE COMPLETED BY PARENT OR GUARDIAN***

Name (Dr./Mr./Mrs./Miss):

Occupation:

I have read the prospectus of the Residence and agree to the application of my daughter / ward.

Signature ..... Date.....