

TRNAVA UNIVERSITY IN TRNAVA
International Relations Office, Hornopotočná 23, 918 43 Trnava, Slovak Republic
ACCOMMODATION REQUEST FORM
ACADEMIC YEAR _____
 Žiadosť o ubytovanie v akademickom roku _____

Surname: Priezvisko:			
First name: Meno:			
Gender: Pohlavie:	☐	Male	☐
	Muž	Female	Žena
Date of birth: Dátum narodenia:			
Nationality: Štátna príslušnosť:			
Passport number: Číslo pasu:			
Permanent address: Adresa trvalého bydliska:			
Telephone: Telefónne číslo:			E-mail:
Person to contact in case of emergency: V prípade núdze kontaktovať:	Name and relation: Meno a vzťah:		
	Address and telephone number: Adresa a telefónne číslo:		
Home university: Domáca univerzita:			
Study at Trnava University: Štúdium na Trnavskej univerzite:	Semester: Fall semester ☐ Spring semester ☐		
	Faculty: Fakulta:		
	Department: Katedra:		
Accommodation: Ubytovanie: Please note: Student will receive information on e-mail address if the accommodation is available. Smoking is not allowed.	Accommodation required: ☐ yes ☐ no Ubytovanie požadované:		
	Arrival: Príchod:	Departure: Odchod:	
	Name of student with whom you would like to share a room: Meno študenta, s ktorým chcete zdieľať izbu:		
Please fill in the form and return it: By June 30 form fall semester. By November 30 for spring semester.			
Date (Dátum): Signature of the student (Podpis študenta):			
Signature of the responsible employee of the Trnava University:			