

**FEDERAL SCHOOL OF OCCUPATIONAL THERAPY  
OSHODI, LAGOS**



**STUDENTS' AFFAIRS UNIT**

**HOSTEL APPLICATION FORM**



**PART A**

**PLEASE COMPLETE LEGIBLY IN BLOCK LETTERS**

1. Full Name \_\_\_\_\_  
Surname First name other name

2. Matric. Number: \_\_\_\_\_

3 Present year of Study/Level: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

5. Place of Birth: \_\_\_\_\_

6. State of Origin: \_\_\_\_\_ LGA \_\_\_\_\_

7. Religion: \_\_\_\_\_

8. Residential Address: \_\_\_\_\_

City \_\_\_\_\_ LGA \_\_\_\_\_ State \_\_\_\_\_

9. Email Address: \_\_\_\_\_

10. Telephone Number: \_\_\_\_\_

**PART B**

i) Name of next of kin: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

ii) Name and Address of guardian (if any): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PART C**

**FOR OFFICIAL USE**

Recommendation by Students' Affairs Officer \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Approved by Registrar \_\_\_\_\_

Name: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

**Hostel Allocation:**

Hostel Male  Female  Room No: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

\_\_\_\_\_  
Students' Affairs Officer (signature & date)

**Hostel Allocation:**

Hostel Male  Female  Room No: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

\_\_\_\_\_  
Students' Affairs Officer (signature & date)