Student Residence Office

To be completed by the Student Residence Office

Application No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Application for admission or extension to subsidised accommodation for students with the status of persons under international protection for the

academic year 2020/2021

**The selection of the higher education or secondary school student residence with regard to the place of study**

|  |
| --- |
| Higher Education Centre (please circle): Ljubljana / Maribor / KoperType of student residence (please circle): public/secondary schoolHigher educationor secondary student residence (fill in the name): ………………………. ………………………………………………………….. |

1. **Applicant’s basic data:**

Applicant’s name and surname: ...................................................

Gender (please circle): M F Date of birth (day, month, year): ………………………

Citizenship:……………………………………………..

PERSONAL IDENTIFICATION NO (EMŠO): I\_I\_I\_I\_I\_I\_I\_I\_I\_I\_I\_I\_I\_I

Tax identification number: I\_I\_I\_I\_I\_I\_I\_I\_I

**Address for service**

Street and number:………………………………………………………..……………………………

Postal code: ………………………………… City or Town: …………………………………

Contact telephone number: ………………………………….

Email address: ………………………………….

International protection status (please circle): YES NO

Number of the decision of the Ministry of the Interior: ……………………………..

1. **Enrolment data for the academic year 2020/2021:**

*(If you have only applied, please enter information on the study programme that you intend to enter.)*

|  |
| --- |
| Higher education institution:…………………………………………………………………………Study programme:………………………………………………………………………Place of study:…………………………………………………………………………………Study level/cycle (please circle): First cycle programme/Second cycle programme: integrated master’s programme/Second cycle programme: Master's degree programme/Third cycle programmeType of study (please circle): full-time/part-timeType of enrolment (please circle): first-time enrolment/repeat enrolment Year of study (please circle): 1 2 3 4 5 6  |

1. **Specific circumstances of the applicant**

**Parenthood**

I declare that my child will be staying with me during my studies (please circle): YES NO

I declare that I would like to live together with the child’s other parent (please circle): YES NO

**Person’s with a disability**

Student with a disability entitled to a companion (please circle): YES NO

1. **Data on the guarantor who will pay any debt arising from rent and other costs relating to the student's accommodation**

|  |
| --- |
| Name and surname:……………………………………………………………………………….Gender (please circle): M FCitizenship: ……………………………………..Tax identification number: I\_I\_I\_I\_I\_I\_I\_I\_IAddress (street and number):………………………………………………………..……………Postal code:………………………………… City or Town: …………………………………Contact telephone number:………………………………….E-mail:……………………………………… |

1. **Data on the authorised person if the student has not filled in the application by himself/herself**

|  |
| --- |
|  Name and surname:…………………………………………………………………………………Contact telephone number:…………………………………. E-mail address:…………………………………. |

1. **Declaration:**

By my signature, I guarantee the veracity and completeness of all the information contained in this application, including the enclosures. I agree that the right to subsidised accommodation shall cease permanently if it is established that I have provided false information. I give my consent that the Student Residence Office shall verify all the information contained in the application with database administrators.

I undertake to forward any changes that affect my eligibility within 15 days of the occurrence of such change to the address of the Student Residence Office.

1. **Enclosures**

|  |
| --- |
| **The student shall enclose with his/her application the following mandatory supporting documents:**  * proof of his/her status as a person under international protection;
* the power of attorney of the authorised person;
* proof of his/her child’s status as a person under international protection if the student would like to live together with his/her child;
* a certificate from the competent authority that the disabled student at issue is entitled to a companion, if he/she would like to live with him/her.

**For the procedure, the Student Residence Office will obtain the following on its own motion:** * data from the eVŠ records of students and graduates on the status of the student for the academic year 2020/2021.
 |

**Other** (please fill in)

|  |
| --- |
|  |

Place and date: Applicant’s signature:

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